

## CONDO/HOA QUESTIONNAIRE REQUEST FORM

Date: \_\_\_\_\_

### **PROPERTY INFORMATION**

Property Address: \_\_\_\_\_

Community: \_\_\_\_\_

Current Owner's Name(s): \_\_\_\_\_

Buyer's Name(s): \_\_\_\_\_

### **REQUESTOR INFORMATION**

Requested By (Company Name): \_\_\_\_\_

Requested By (Agent Name): \_\_\_\_\_

Agent Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Agent's Email Address: \_\_\_\_\_

Comments: \_\_\_\_\_

❖ **Condominium Questionnaire Fees (check box that applies):**

_____	Delivered within 5 Business Days	\$250.00
_____	Delivered within 1 Business Day	\$300.00

- ❖ Please make company check, money order or cashier check payable to **(NO PERSONAL CHECKS):**  
**Archstone Management Group, Inc.**  
**11555 Heron Bay Blvd, Suite #200**  
**Coral Springs, FL 33076**

- ❖ The Condominium Questionnaire will be returned by fax or email within 5 Business Days of receipt of payment unless rush service is ordered.
- ❖ Please mail form in with payment. Please email [estoppels@archstonefl.com](mailto:estoppels@archstonefl.com) for any questions regarding the questionnaire.