

Authorization For Release Of Information

Edgewater Management Group, Inc., P.O. Box 150, Fort Edward, NY 12828
Phone: 518.577.5403 Fax: 888.567.6784 Email: kelly1@edgewatermg.com

From: _____

☐ Refinance
☐ Sale of Property
Closing Date: _____

Name of potential buyer(s) if selling
or owner(s) if refinancing

Buyer(s) phone: _____
Buyer(s) email: _____

We have a client that has an interest in purchasing or selling a home within an Association or Condominium that your company is presently the Managing Agent for. We would like to ask that you prepare and submit to this office and to the specific person identified here all information as requested below.

PAYMENT INSTRUCTIONS

ATTENTION: PREPAYMENT IS REQUIRED for preparing of all documents and services. No preparation will take place until payment is received. There are no exceptions to this policy. If you wish to pay online, go to www.edgewatermg.com. **When registering, please select Edgewater Management Group, Inc. in the dropdown box (NOT THE HOA).** A Processing Fee is added by the processing company to all online and phone payments. Then email or fax this completed form to our office. If paying by check, please mail the completed form and a check made payable to Edgewater Management Group, Inc. to P.O. Box 150, Fort Edward, NY 12828.

Name of the Association: _____
Address of property: _____

Please place a check mark in the box or boxes that apply.

☐ PUD or Condominium Questionnaire as attached to this request. Questionnaires will be completed for a fee of \$75.00 for a three to four business day turnaround.

☐ Account Status Certification Letter. Certification letters will be completed for a fee of \$75.00 for a three to four business day turnaround.

☐ **Rush:** We request that each document be handled on a rush basis (within two business days) at **\$25 additional for each document.**

☐ Other services as indicated: _____
Other information including lien releases, governing documents, property history, specific research and documentation will be billed at the rate of \$75.00 per hour, \$50.00 minimum plus any additional charges such as copy fees, legal fees or other services provided.

We appreciate your help and agree to the terms and conditions as set forth above. We understand that there will be charges as indicated for each item listed. We agree to pay in advance for each individual requested item.

Printed Name: _____ Phone: _____ Fax: _____

Signature: _____ Email: _____