



## ECONDOSERVICES - PROVIDENCE POINT LENDER/BANK REQUEST FORM

**Please review this document carefully**



This document outlines your responsibility in connection with the following requested work. Fees for requested work are due and owing regardless of whether your transaction closes.

**DISCLOSURE  
DEPARTMENT**

**PHONE: (425) 637-0412**

**FAX: (425) 637-0429**

**E-MAIL: disclosure.department@econdoservices.com**

The Disclosure Department of eCondoServices acknowledges your request for disclosure documentation. Before your request can be processed, we require that you complete Section A, Section B, and Section C below:

### SECTION A

Name of Individual Requesting Information		E-mail Address	
Legal Name of Requesting Company		Phone Number	Facsimile Number
Requesting Company Address			
City, State, Zip			
This transaction is a purchase/sale or refinance? <b>Check One:</b> <input type="checkbox"/> <b>Purchase/Sale</b> <input type="checkbox"/> <b>Refinance</b>			
Condominium Association Name <b>PROVIDENCE POINT</b>		Village	
Property Street Address		City, State, Zip	
Unit Number	Name of Borrower(s)	Transaction Number(s)	

### SECTION B

**REQUESTED DOCUMENT AND PROCESSING TIMES**

eCondoServices charges a fee to process your disclosure document. The charge is billed to whoever requests the document. The fee varies depending upon the disclosure document you are requesting and the date by which you require the documentation. Below is a fee schedule that outlines the type of disclosure document, the preparation time by eCondoServices, and the related charge.

Indicate type of document and time frame below:

<u>DOCUMENT (Choose one)</u>	<u>PREPARATION TIME</u>	<u>CHARGE</u>
<input type="checkbox"/> Condominium Questionnaire / Lender Questionnaire / Project Questionnaire / HOA-PUD Certification	5 business days	\$ 161.00
<input type="checkbox"/> Limited Review	5 business days	\$ 79.00
<input type="checkbox"/> Reverse Mortgage Questionnaire	5 business days	\$ 161.00
<input type="checkbox"/> Updated Document (Any)	5 business days	\$ 91.00

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**ADDITIONAL DOCUMENTS:**

<u>DOCUMENT (Choose all that apply)</u>	<u>PREPARATION TIME</u>	<u>CHARGE</u>
<input type="checkbox"/> Statement of Current Monthly Dues	5 business days	\$ 41.00
<input type="checkbox"/> Current Year Budget	5 business days	\$ 21.00
<input type="checkbox"/> Current Financial Statement (Includes Cash Flow Statements, Balance Sheet and P&L. Included are the last two fiscal year-end financials, as well.)	5 business days	\$ 21.00
<input type="checkbox"/> Governing Documents (Includes Declarations / CC&R's, By-Laws, Articles of Incorporation and Rules & Regulations / Resolutions.)	5 business days	\$ 21.00
<input type="checkbox"/> Replacement Reserve Study	5 business days	\$ 21.00
<input type="checkbox"/> Master Insurance Summary (Not the mortgagee clause or the Master Insurance Policy. These can only be obtained through the Master Insurance Agent.)	5 business days	\$ 21.00
<input type="checkbox"/> Two Years of Minutes (if available)	5 business days	\$ 21.00

**NOTE** - Above preparation times begin after payment is received. Requests received after 2 PM will be considered received on the next business day.

**COST OF SELECTED DOCUMENTS AND SERVICES:**

**ADD EXPEDITED SERVICE:**

Expedited Document (any) 2 business days \$ 100.00

**TOTAL COST OF SELECTED DOCUMENTS AND SERVICES:**

eCondoServices, LLC requires a duly authorized agent from your company to sign below accepting the terms of eCondoServices' disclosure work and agrees to pay the charges described herein.

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING CONTRACT.**

**THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THE FOREGOING TERMS AND CONDITIONS OF THE REQUESTED DISCLOSURE WORK AND AGREES TO THE SAME. FURTHER, THE UNDERSIGNED FULLY UNDERSTANDS AND AGREES THAT THE FEES RELATED TO THE ISSUANCE OF THIS REQUESTED DOCUMENTATION ARE DUE AND OWING REGARDLESS OF WHETHER THE RELATED TRANSACTION CLOSES. THE UNDERSIGNED FURTHER REPRESENTS THAT IF HE/SHE IS REQUESTING THIS DOCUMENTATION ON BEHALF OF A COMPANY, HE/SHE HAS THE FULL AUTHORITY TO BIND SUCH COMPANY. FURTHER, THE UNDERSIGNED UNDERSTANDS AND AGREES THAT IN THE EVENT THE UNDERSIGNED FAILS TO MAKE ANY PAYMENTS WHEN DUE UNDER THIS CONTRACT, THE UNDERSIGNED SHALL PAY ALL COSTS AND EXPENSES, INCLUDING ATTORNEY/LEGAL FEES, INCURRED IN COLLECTING ANY PAYMENT DUE UNDER THIS CONTRACT.**

Name

Title

Company

Signature

Date

(Choose one option)

**SECTION C**

**PAYMENT OPTION 1 BY CREDIT CARD**    

For your convenience, you may charge your payment to VISA/MC. Please complete and fax for processing.  
ALL INFORMATION IS CONFIDENTIAL.

Requester's Name

Card Holder's Name

Billing Address

City/State/Zip

Card Number  Expiration Date /

3 Digit Card Verification Number (CVV2 Code)  Payment Amount \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Charge backs will be considered delinquent and subject to collection provisions outlined in Section B.

**PAYMENT OPTION 2 PRE-PAYMENT BY CHECK**  (Disclosure work will not commence until payment is received)

Requester's Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature for option 2 indicates indicates payment has been mailed to:  
**eCondoServices, LLC, Attention: Providence Point Disclosure Department**  
P.O. Box 50444, Bellevue, WA 98015-0444

**PLEASE MAIL OR FAX THIS COMPLETED FORM TO:**

eCondoServices, LLC  
Attention: Providence Point Disclosure Department  
P.O. Box 50444  
Bellevue, WA 98015-0444

**Disclosure Department - Phone**  
**(425) 637-0412**

**Disclosure Department - Fax**  
**(425) 637-0429**

Once we have received the completed form and payment, we will process your request. Disclosure work will not commence until this form and payment have been received. Please be advised that an incomplete form may delay the processing of your request. Thank you.