

6D CERTIFICATE REQUEST FORM HODAN PROPERTY MANAGEMENT 105 WASHINGTON STREET SOMERVILLE MA, 02143

	GEN	ERAL INFORMATION	l			
TODAY'S DATE:	CLOSING	DATE:				
REQUESTOR INFORMATION						
PERSON REQUESTING:						
TELEPHONE NUMBER:	FAX/E-MA	AIL:				
PLEASE MAIL 6D TO:						
WILL PICK UP 6D ON:	TIME OF PICK UP:					
	UNIT OWNE	R OR SELLER INFOR	MATION			
NAME(S) OF UNIT OWNER(S):						
CONDOMINIUM NAME:		UNIT:				
STREET ADDRESS:						
CITY/TOWN, STATE, & ZIP CODE:						
,						
	BUYER INFO	ORMATION (IF APPL	CABLE)			
NAME (S) OF BUYER (S):						
FELEPHONE NUMBER:	CONTACT INFO (EMAIL & PHONE NUMBER):					
**BUYER'S COI	NTACT INFORMATION IS REQUIRED ABOVE	FOR 6D CERTIFICAT	E TO BE RELEASED			
	PLEASE PROVIDE THE SELECTED {SAI	LE OR RE FINIANCE T	DANICEED) ITEM FOI	D FEE LICTED		
SALE TRANSFER \$150.00	•		NCE TRANSFER	\$150.00		
EXPEDITED SALE \$250.00			ED RE-FINANCE	\$250.00		
	*Please Check Off What You Require:					
**NOTE ACCOUNT	NEEDS TO BE FULLY PAID BEFORE 6D CERTIF	EICATE CAN DE DIST	DIBLITED			
NOTE ACCOUNT	NEEDS TO BE FOLLY FAID BEFORE OD CENTIL	FICATE CAN BE DIST	MBOTED			
*TURNAROUND TIME FOR 6D CE	ERTIFICATE ARE 5-7 BUSINESS DAYS FROM RETU	RN OF COMPLETED FO	RM AND PAYMENT IS	MADE (NO EXC	EPTIONS UNLESS EX	<u>(PEDITED)</u>
PAYMENT OPTION (PLEASE CHECK OFF PAYMENT METHOD)						
MONEY ORDER	CREDIT CARD		JS FOR CREDIT CARE) INFO	**\$10 processing	fee with cc payment
CHECK	CASH					

ENCLOSED YOU WILL FIND A CHECK IN THE AMOUNT OF \$_____ FOR SELECTED ITEM SPECIFIED ABOVE

*ALL CHECKS OR MONEY ORDER NEED TO BE PAYABLE TO HODAN PROPERTY MANAGEMENT

*ANY CREDIT CARD PAYMENT NEEDS TO BE MADE WITH EITHER A MASTER CARD OR VISA