



## Essex Management Group

Below is the 6(d)-request form that will need to be filled out to obtain a 6(d) certificate. Please make sure it is signed off by the buyer.

The 6(D) processing fee is \$125.00. Please allow 5 business days for processing the certificate.

PLEASE ENCLOSE A CHECK FOR \$125.00 MADE PAYABLE TO: ESSEX MANAGEMENT GROUP and mail to P.O. Box 2098, Haverhill, MA 01831. Rush requests (2-4 business days) require an additional \$25.00 charge.

Please read the information at the bottom of the form regarding turnaround time so you can coordinate it with your closing date needs.

**All outstanding balances MUST be paid prior to our issuing of the 6D, including the condo fees due for the month the property will be sold. Please check with Essex Management regarding any additional move in / move out fees your Association may require.**

If the condo fee balance is paid by personal check please allow 5 business days for the funds to clear prior to the 6(d) being issued. If the balance is paid in clear funds, such as a bank check or money order there is no hold on processing the 6(d).

\*Please note that the 6(d) Certificate will not be released earlier than 10 days before the closing date.



# Essex Management Group

**Requestor's Information (completed 6D will be mailed here)**

Association Name \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact number (\_\_\_\_\_) \_\_\_\_\_ Closing Date: \_\_\_\_\_

Email Address \_\_\_\_\_

How would you would like 6(D) delivered: **Mail \* Fax \* Pick-up** (circle one)

Unit Owner \_\_\_\_\_

Full Unit Address: \_\_\_\_\_

**(If Refinancing Check Here - and disregard below section)**

**Purchaser Information – THIS SECTION MUST BE COMPLETED IN FULL**

**CHECK ALL THAT APPLY:**

Master Deed & By Laws: \_\_\_\_\_ Given to Purchaser \_\_\_\_\_ Read by Purchaser

Rules & Regulations: \_\_\_\_\_ Given to Purchaser \_\_\_\_\_ Read by Purchaser

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Will Purchaser Occupy unit? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If not, please provide mailing address below)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**THIS FORM WILL NOT BE PROCESSED WITHOUT THE PURCHASER'S SIGNATURE**

**I HAVE READ THE RULES AND REGULATIONS THAT GOVERN THE CONDOMINIUMS AND AGREE TO ADHERE TO THEM AS SET FORTH IN THE CONDOMINIUM DOCUMENTS,**

*Purchaser acknowledges and agrees to adhere to the Pet Policy outlined in the Condominium Document:*

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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