



ECONDOSERVICES RESALE CERTIFICATE REQUEST FORM

DELIVER TO:
 1500 - 112th AVENUE NORTHEAST
 BELLEVUE, WA 98004
 FAX (425) 637-0429

MAIL TO:
 ECONDOSERVICES, LLC
 POST OFFICE BOX 50444
 BELLEVUE, WA 98015-0444

UNIT NUMBER:	NAME OF CONDOMINIUM:
Owner(s) Name:	Day Phone No.
Unit Address:	
Real Estate Agents Name:	Day Phone No.
Escrow Company (if known):	Day Phone No.

DELIVERY INSTRUCTIONS (Check One)

- I will pick up the Resale Certificate. Please contact me once it is available.
- Please mail the Resale Certificate (for an additional \$15.00 to cover S&H) to the following address:
 Name: _____
 Address: _____
 City, State, Zip: _____

IN CONNECTION WITH THE RESALE CERTIFICATE

ITEM 17 (9): NON-CONFIRMING UNIT ALTERATIONS (Check One)

- A. There are no alterations or improvements to the Unit or to the limited common elements assigned thereto that violate any provisions of the Declaration.
- B. Attached hereto as Exhibit 17 (9) is a statement describing any alterations or improvements to the Unit or to the limited common elements assigned thereto that violate any provision of the Declaration.

ITEM 19 (11): CODE VIOLATIONS (Check One)

- A. There are no violations of the health or building codes with respect to the Unit, the limited common elements assigned thereto, or any other portion of the Condominium.
- B. Attached hereto as Exhibit 19 (11) is a statement describing any violations of the health or building codes with respect to the Unit, the limited common elements assigned thereto, or any other portion of the Condominium.

I certify under penalty of perjury under the laws of the State of Washington that I am an owner of the Unit or the Unit Owner's Agent, and that, to the best of my knowledge and belief, the foregoing is true and correct.

Dated this _____ day of _____, 20 _____

 (Unit Owner's/Unit Owner's Agent's Signature)

 (Unit Owner's/Unit Owner's Agent's Signature)

PAYMENT OPTION 1 BY CHECK

- Enclosed is a check for \$247.00 (includes WSST) (\$262.00 to include S&H if completed Resale Certificate to be mailed) made payable to **Econdoservices, LLC** for preparing the Resale Certificate and Exhibits. I understand that there is a fee of \$247.00 for each additional Resale Certificate. I further understand that the Resale Certificate will be completed within 10 business days of receipt of the \$247.00 payment and this written request form at Econdoservices, LLC. I further understand that this Resale Certificate will be good for 45 days from completion date.
- Because time is of the essence in this matter, I require an expedited preparation of the Certificate at a fee of 411.00 (includes WSST). The Certificate will be completed within 72 hours of receipts of the \$411.00 payment and this written request form at Econdoservices, LLC's office.
- We are in need of the minutes from the past **12 months** and have added an additional \$45.00 to the Resale Certificate Fee.
- We are in need of the minutes from the past **2 years** and have added an additional \$65.00 to the Resale Certificate Fee.
- Enclosed is a check for an update on the **expired** (45 days past completion date) original resale certificate I ordered. **\$65.50** - up to 3 months; **\$85.50** - 3 to 6 months; **\$115.50** - 6 months to 1 year past completion date (WSST included).

PAYMENT OPTION 2 BY CREDIT CARD



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

PLEASE CIRCLE ONE: VISA MASTERCARD

Requesters 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 charges



DISCLOSURE DEPARTMENT

PHONE: (425) 637-0420

FAX: (425) 637-0429

ECONDO DATE: _____

TIME/DELIVERY METHOD: _____

AMOUNT \$: _____

CHECK NUMBER: _____

FOR ECONDOSERVICES, LLC USE ONLY