Attorneys Title & Closing Services LLC
12970 West Bluemound Road, Suite 103
Elm Grove WI 53122
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TO: CONDOMINIUM ASSOCIATION SERVICES FROM:
RE: ADDRESS:
UNIT NO.:
SELLER:
BUYER:

The above property has been sold and we request on behalf of the seller the following information for closing the transaction. We appreciate your assistance:

1. What are the current **monthly/quarterly/yearly** Association fees?
(circle one)
2. The Association fees have been paid through:

3. List any delinquent fees plus penalties:

4. Are there any current unpaid special assessments due against this unit?
Type: Total Amount Due:

5. Are there any planned public improvements which may result in a special assessment? (If yes, please describe)

6. Has the Association served any notice requiring repairs, alterations, or correction of any existing conditions in regards to the above Condominium?

7. Is Hazard Insurance Coverage handled through the Association ?

If so, is the cost included in the Association fees ?

Name of Insurance Agency:

MASTER POLICY NO.:

AGENT NAME TELEPHONE NUMBER

8. Has the Association duly waived its right of First Refusal as provided for in the Declaration on the sale of the unit:
Yes No

9. Is water/sewer included in Association Fees ?