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Condominium Questionnaire Request Form

Community Name: _____

Property Owner Name : _____

Property Address: _____

Street Address

City

State

Zip

Requestor's Name / Company: _____

Requestor's Phone: (_____) _____ - _____

Email Address : _____

Once payment has been received along with this completed form (and email confirmation if using the online payment method, the will be emailed to the requestor. ***Please note it takes up to 48 - 72 hours to process a questionnaire.***

____ By checking this box, I understand APC Property Management charges :

Fee for questioner with 1-2 pages \$50.00 fee

Fee for questioner with 3 - 5 pages \$100.00 fee

Fee for FHA questionnaires \$200.00 fee

I will make payment with:

____ Check/Money Order (Please mail payment or drop off to our office)

____ Paylease Online (I have used the online resource to make the payment of \$200.00 with the understanding that I must select * Resale Documents under the *Property drop box, to pay for my request).

Requestor's Signature

Date