



Please complete the form below and fax or email the request to the number or email address at the bottom of this form.

Please complete ALL information; otherwise it will cause a delay. If not fully completed, request will be returned. There is a 24-48 hour turnaround time for all certificates.

Name of Condominium Association:

Unit Owner Information (USE CONDO UNIT ADDRESS) please complete even if same as above

Owner's Name:

Condo Address:

City:

State:

Zip:

Mortgagee Clause (if no mortgage-please enter N/A)

Bank Name:

Street Address:

City:

State:

Zip:

Loan Number:

Routing Information

Delivery option:

Fax # to receive certificate:

E-Mail the Certificate to:

Requested by:

Requestor Name:

Requestor Phone:

Requestor Email:

Date Requested:

Return this completed form to:

Email: RSCcertrequest@risk-strategies.com