



REQUEST FOR 6(d) CERTIFICATE

check one

FOR SALE

REFINANCE

Date: _____

Address: _____ Unit # _____ PKG SP #s _____

Seller's Name: _____

Seller's Address: _____

Seller's Tel # _____ Email _____

Buyer's Name: _____

Buyer's Address: _____

Buyer Tel # _____ Buyer email: _____

Contact Person: _____

Real Estate Company _____

Contact Person Tel # _____ Email address _____

Estimated Closing Date: _____

Date you would like to pick up 6(d) _____

(Please allow seven business days for issuance of 6(d) Certificates)

Name & Contact Info for party to be notified when 6(d) is ready for pick up: (include name, email address and telephone)

Please Note: 1) All condominium charges due must be paid in full prior to the release of a 6(d) Certificate.

2) There is a \$150 charge for processing the 6(d). Check should be made payable to R Brown Partners

By checking this box, you signify you have reviewed and understand the processing protocol for Condominium Questionnaires.

**R Brown Partners
39 Brighton Avenue
Boston, MA 02134
617-782-3400**