

**Request for Release of Information - Sale or Refinance  
Hawthorne Place Condominium**

Unit Owner Name \_\_\_\_\_

Unit # \_\_\_\_\_

In the conjunction with the **Sale or Refinance** of unit # \_\_\_\_\_ at Hawthorne Place Condominium, I /we authorize release of the following information to **my/our authorized real estate agent(s), lending institution(s), appraiser(s), or prospective buyer(s):**

**RELEASE TO:** \_\_\_\_\_

**LIST ALL COMPANY NAMES OR PERSONS FOR WHICH INFORMATION MAY BE RELEASED TO.**

<input type="checkbox"/>	<b><u>CONDOMINIUM INFORMATION SHEET</u></b> Lender Affidavits – Bank Affidavits-Uniform Project Questionnaire Please note that Hawthorne Place provides its own form and will not complete individual bank/mortgage company forms. <b>No exceptions.</b>	<input type="checkbox"/>	<b><u>ANNUAL AUDIT / ANNUAL REPORT</u></b> \$25.00 p/year
<input type="checkbox"/>	<b><u>6(d) CERTIFICATE</u></b> For unit sale, Buyer’s Name & Address Required	<input type="checkbox"/>	<b><u>MINUTES (n/c approved last 3 minutes)</u></b> Additional Meetings \$10.00 p/meeting
<input type="checkbox"/>	<b><u>CONDOMINIUM DOCUMENTS</u></b> \$50.00 per set (Master Deed, Declaration of Trust, Rules and Regulations and Resident Handbook)	<input type="checkbox"/>	<b><u>ANNUAL MEETING MINUTES</u></b>
<input type="checkbox"/>	<b><u>ANNUAL OPERATING BUDGET</u></b> Condominium _____ Garage _____  Prior Year(s) _____ \$10.00 p/year	<input type="checkbox"/>	<b><u>FINANCIAL STATEMENT</u></b> \$20.00 p/month
		<input type="checkbox"/>	<b><u>REPLACEMENT RESERVE REPORT</u></b> \$25.00 each Condominium _____ Garage _____
		<input type="checkbox"/>	<b><u>CERTIFICATE OF INSURANCE</u></b> Insurance Certificates are issued directly by Sullivan Insurance Group. Owner must call 800-649-1553 or www.sullivangroup.com

Payment for the above-requested documents should be made payable to Hawthorne Place Condominium, Two Hawthorne Place, Management Office, Boston, MA 02114 and submitted at the time of request.

The undersigned owners(s) hereby authorize Barkan Management Company, Inc., to release information for the above transaction concerning the Unit and the Condominium and/or Parking Garage, including pending litigation (if any). Information in reference to this transaction is being provided by Barkan Management Company, Inc., in its capacity as Agent for the Condominium, to the best of its knowledge or belief. Information is gathered from sources deemed to be reliable; however, Barkan Management Company, Inc., does not warrant or guarantee the accuracy of this information and you are urged to verify this information through other sources. Unit owner(s) agrees to indemnify and hold Barkan Management Company Inc., and the Condominium, and Trustees harmless on any claim arising from the receipt of such information. . I/we agree to pay all charges associated with the release and production to these documents.

<hr/> Unit Owner Signature	<hr/> Unit Owner Name (print)	<hr/> Date
<hr/> Unit Owner Signature	<hr/> Unit Owner Name (print)	<hr/> Date