

## REQUEST FOR CONDO QUESTIONNAIRE

Name of Master Association: \_\_\_\_\_

Homeowner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

\_\_\_\_\_

Signature

Date

FEES: \$100.00

**Payments must be made payable to LJ Services Group, Corp.**

Please complete FORM and return via fax along with Bank Questionnaire to 305-572-7092.