REQUEST FOR CONDO QUESTIONNAIRE

Name of Master Association:	
Homeowner's Name:	
Address:	
Telephone Number:	
Cell Number:	
Signature	Date
FEES: \$150.00	
Payments must be made payable	e to LJ Services Group, Corp.
Please complete FORM and retu	rn via fax along with Bank

Questionnaire to 305-572-7092.