Authorization For Release Of Information

Edgewater Management Group, Inc., P.O. Box 150, Fort Edward, NY 12828 Phone: 518.577.5403 Fax: 888.567.6784 Email: kelly.kenyon@edgewatermg.com

From:		Name of potential buyer(s) if selling or owner(s) if refinancing	
	☐ Refinance ☐ Sale of Property	Buyer(s) phone:	
	Closing Date:	Buyer(s) email: —	
compan	e a client that has an interest in purchasing is presently the Managing Agent for. We becific person identified here all informat	e would like to ask that you	n Association or Condominium that your prepare and submit to this office and
	PAYN	MENT INSTRUCTION	<u> </u>
until pay When re Fee is ac our offic		ns to this policy. If you wish a agement Group, Inc. in the aline and phone payments. T impleted form and a check m	to pay online, go to www.edgewatermg.com. dropdown box (NOT THE HOA). A Processing hen email or fax this completed form to
	·		
	of property:		
Please p	fee of \$50.00 for a three to four busir	as attached to this request. ness day turnaround.	Questionnaires will be completed for a
	Account Status Certification Letter. Certification letters will be completed for a fee of \$50.00 for a three to four business day turnaround.		
	Rush: We request that each documer for each document.	nt be handled on a rush basis	s (within two business days) at \$25 additional
	_	ate of \$75.00 per hour, \$50.0	property history, specific research and 00 minimum plus any additional charges
	reciate your help and agree to the terms as indicated for each item listed. We agr		
Printed Name:		Phone:	Fax:
Signature:		Fmail:	