

REQUEST FOR

ESTOPPEL OR INSURANCE CERTIFICATE (6D/FEE STATEMENT/LIEN RELEASE)

The charge for this certificate is Twenty Dollars (\$20.00) made payable to:

**Bishop Property Mgt., Inc
PO Box 3562, Nashua, NH 03061**

This charge may be paid at closing. Should the charge not be paid it will be assessed to the unit.

PLEASE PRINT

Condominium Community: _____

Unit Address: _____

Seller(s) Name: _____

Scheduled Closing Date: _____ Phone # _____

RE-FINANCE APPLICATION: [] Ignore buyer information.

Buyer(s) Name: _____
(As it will appear on the deed)

Buyer will occupy the unit: [] yes [] no [] Kinship Relationship

All non-resident buyer(s) will need to contact the association for added information.

Certificate of Insurance Requested [] no charge for this certificate.

Applicant's Mortgage Company: _____

Loss Payee Clause: _____ ISAOA, ATIMA

Closing Agent: _____

Phone: _____ Fax: _____ Attn: _____

UPON RECIEPT OF ALL INFORMATION ABOVE THE CERTIFICATES WILL BE ISSUED

BISHOP PROPERTY MGT INC, (603 880 6555 FAX; 880 6510