***Mailing Address***: P.O. BOX 696 • Watertown, CT 06795

 ***Phone:*** (203) 992-9895

 ***After Hours Phone:*** (203) 841-7841

***Email:*** info@pincmanagement.com

**CONDO QUESTIONNAIRE REQUEST FORM**

|  |
| --- |
| Address of Unit: |
| Association Name: |
| **PLEASE EMAIL CONDO QUESTIONNAIRE TO:**  |
| Name: |
| Business Name: |
| Email Address: |

* Do you need a copy of the last approved budget? Y / N
* Do you need a copy of insurance docs? Y / N

Please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARD FORM**

**BANK CHECK, MONEY ORDER or CREDIT CARD MUST BE INCLUDED WITH REQUEST FORM:**

Bank check or money order payable to PINC Management, LLC.

Return this form & payment to our office – **CONDO QUESTIONNAIRE IS NOT STARTED UNTIL PAYMENT IS RECEIVED**.

Please note there is a $5.00 Processing Fee for all credit card transactions.

|  |
| --- |
| FOR CREDIT CARD PAYMENTS ONLY |
| Name on Card: |
| Card Number:  | CVV: |
| Expiration Date: | Billing Zip Code: |
| Billing Address:  |  |
| City, State, Zip: |  |
| **Subtotal:** |  |
| **Credit Card Processing Fee:** | **$5.00** |
| **Total:** |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_