

***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.

|  |  |  |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_