



LENDER QUESTIONNAIRE REQUEST FORM

Please complete the information below.

Date: _____ Closing Date: _____

Transaction Type

___ Sale ___ Refinance

Property Information

Name of the Association: _____

Property Address: _____

Current Owner(s): _____

Questionnaire Requestor Information

Requestors Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Service Requested

___ \$250.00 for standard service (completed in 4-10 business days from receipt of request and payment)

___ \$350.00 for expedited service (completed in 1-3 business days from receipt of request and payment)

Please return the following

- ✓ This form fully completed
- ✓ Check made payable to SAVVY ASSOCIATION MANAGEMENT
- ✓ Your form to be completed

Mail to

SAVVY ASSOCIATION MANAGEMENT
3208 East Colonial Drive, #110, Orlando 32803