

THE NILES COMPANY, INC.

Information Request Form for the Refinance of a Unit

APPLICATION FOR 6d CERTIFICATE UNDER MA GL183A S.6 (d)

Before a 6d certificate is issued the unit account shall have a zero balance and all of the following information must be completed. Please return this form to our office along with a check for \$125 payable to "The Niles Company." If this application is submitted less than 5 days from the closing it is considered a rush and the fee is \$150.

Today's Date: _____

Name of Owner: _____

Unit Address: _____

Mailing Address (if different): _____

Phone Number & Email: _____

- Person Acting on My Behalf (i.e. broker, attorney): _____

- Company & Address: _____

- Contact Phone & Email: _____

Closing Date (required): _____