



AROUND THE CLOCK, INC. CRMC[®]

a certified residential management company

716 West Meeker St., Suite 101, Kent, WA 98032 Office: 253-852-3000 Fax: 253-852-1417
 Website: www.aroundtheclockinc.com E-mail: info@aroundtheclockinc.com

REQUEST FOR CONDOMINIUM RESALE CERTIFICATE

I request that Around the Clock, Inc. CRMC[®], managing agent for the condominium owner's association named below, provide the Resale Certificate and Exhibits required by law to sell my unit. I acknowledge that the Association, or its agent, is permitted ten (10) days from **receipt of written request AND payment** in which to provide the Certificate (RCW 64.34.425(2)), unless expedited fee is paid. **If the request and payment receipt are received after 3PM**, it will be considered the next business day and I further understand that this Resale Certificate will be good for 45 days from completion date.

I understand that production will not begin until Around the Clock, Inc. CRMC[®] has received **written request and payment**. I also understand that the Certificate will only be released pursuant to the instructions detailed below and that I, as owner, must sign the Certificate below before it is passed on.

Description of Unit (PLEASE TYPE OR PRINT)

Condominium Name: _____
 Unit Owner Name: _____
 Street Address: _____
 City, State: _____ Unit #: _____

This request is made by:

 Printed Name (W) _____ (H) _____
 Telephone Numbers

 Signature Date: _____

Please check the item(s) you are requesting. The amount required for our services must be submitted with this form.

- \$250 A Resale Certificate.** A fee of \$250.00 is required for each additional Resale Certificate. **The Resale Certificate will be completed within 10 business days of receipt of the full payment and this written request form at Around the Clock, Inc. CRMC[®]. If the request is received after 3PM**, it will be considered the next business day and I further understand that this Resale Certificate will be good for 45 days from completion date. **Please select ONE of the following (NOTE: If no selection is made resale will automatically be put on a USB flash drive):**
 - I request the information to be provided in an electronic format on a removable USB flash drive.
 - I request the information to be provided in printed out in a hard copy format prepared in a binder.
 - \$85.00 Expedited preparation fee of the Certificate within 3 business days of receipt of the full payment and this written request form at Around the Clock, Inc. CRMC[®]. If the request is received after 3PM**, it will be considered the next business day and I further understand that this Resale Certificate will be good for 45 days from completion date.
 - \$50.00. The past 2 years of meeting minutes (Please note 12 months of meeting minutes are included with your resale certificate. Please check this box if you need the additional year)**
- \$_____ is the total amount due. Checks are to be made payable to Around the Clock, Inc. CRMC[®] for preparing the Resale Certificate and other requested services.

DELIVERY OPTIONS ON PAGE 2

Delivery Options (check one): Remember – the seller must sign off on the certificate.

I will pick up the Resale Certificate. Please contact _____ at (____) _____ once it is available.

The Certificate will ONLY be released to those you authorize; please list all authorized receivers and their telephone numbers on a separate page if necessary.

Please mail the Resale Certificate to the following address:

This request is made of:

Around the Clock, Inc. CRMC®
716 West Meeker St., Suite 101
Kent, WA 98032

253-852-3000 Phone
253-852-1417 Fax
www.aroundtheclockinc.com

For Office Use Only: Form Received Payment Received

Received by: _____ (circle one) E-mail/Fax/Mail/Other

Date/Time Packet Received: _____ Amount: \$ _____

Prepped by: _____ Date/Time Completed: _____

Completed by: _____ Date/Time Completed: _____

SIGNATURE OF PERSON ACCEPTING COMPLETED CERTIFICATE:

Received by (signature upon receipt): _____ Date: _____

SIGNATURE OF AROUND THE CLOCK, INC. CRMC® EMPLOYEE RELEASING COMPLETED RESALE CERTIFICATE:

Released / Mailed / Faxed (circle one) by: _____ Date: _____

(Please return this sheet to the Certificate preparer – see “Office Use”)