CYPRESS CHASE NORTH #4 CONDOMINIUM ASSOCIATION

CONDOMINIUM QUESTIONNAIRE REQUEST FORM

Date: _____

PROPERTY INFORMATION

Property Address: _____

Community: Cypress Chase North #4 Condominium Association

Current Owner(s): _____

Buyer(s): _____

REQUESTOR INFORMATION

Requested By (Company Name): _____

Requested By (Agent Name): _____

Agent Address: _____

Telephone Number: _____ Email Address: _____

QUESTIONNAIRE FEES

■ Standard Condominium Questionnaire – $400.00 (Delivered within 10 Business Days)

■ Rush Order – Additional $119.00 Fee (Expedited Processing)

Payment Options:
• Company check, money order, or cashier's check payable to:
Cypress Chase North #4 Condominium Association
c/o Pink Skies Management LLC
7401 Wiles Road, Suite 234
Coral Springs, FL 33067

• **Zelle payment may be sent to: info@pinkskiesmanagement.com**

NO PERSONAL CHECKS ACCEPTED

The Condominium Questionnaire will be completed and returned within ten (10) business days of receipt of payment unless rush service is requested. Questionnaires will be delivered via email.

Questions may be directed to: **manager@pinkskiesmanagement.com**