

KAPPES MILLER MANAGEMENT LENDER/MORTGAGE REQUEST FORM

Please review this document carefully

This document outlines your responsibility in connection with the following requested work.
Fees for certificates are due and owing regardless of whether your transaction closes.

TO:

Date

Name of individual requesting information

Company Name

Your transaction reference number (i.e. Loan Number or Escrow Number)

Phone Number

Facsimile Number

Number of Pages
(Including this Page)

3



**DISCLOSURE
DEPARTMENT**

**PHONE: (425) 688-2020
FAX: (425) 688-2046**

The Disclosure Department of Kappes Miller Management is in receipt of your request for a certificate-disclosure document (i.e. escrow questionnaire, lender questionnaire, etc.) Before your request can be processed, we require that you complete Section A, Section B, and Section C below:

SECTION A

Name of Individual Requesting Information		Email Address	
Legal Name of Requesting Company		Phone Number	Facsimile Number
Requesting Company Address			
City, State, Zip			
Whether this transaction is a purchase/sale or refinance Check One: <input type="checkbox"/> Purchase/Sale <input type="checkbox"/> Refinance			
If Refinance: Paying off all prior loans for Borrower? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide loan number and mortgagee name to remain intact.			
Condominium Association Name			
Property Street Address		City, State, Zip	
Unit Number	Name of Borrower(s)		Transaction Number(s)

SECTION C

Kappes Miller Management, LLC requires a duly authorized agent from your company to sign below accepting the terms of Kappes Miller Management's Disclosure work and agrees to pay the charges described herein.

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING CONTRACT.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THE FOREGOING TERMS AND CONDITIONS OF THE REQUESTED CERTIFICATE WORK AND AGREES TO THE SAME. FURTHER THE UNDERSIGNED FULLY UNDERSTANDS AND AGREES THAT THE FEES RELATED TO THE ISSUANCE OF THIS REQUESTED CERTIFICATE ARE DUE AND OWING REGARDLESS OF WHETHER THE RELATED TRANSACTION CLOSES. THE UNDERSIGNED FURTHER REPRESENTS THAT IF HE/SHE IS REQUESTING THIS CERTIFICATE ON BEHALF OF A COMPANY, HE/SHE HAS THE FULL AUTHORITY TO BIND SUCH COMPANY. **FURTHER, THE UNDERSIGNED UNDERSTANDS AND AGREES THAT IN THE EVENT THE UNDERSIGNED FAILS TO MAKE ANY PAYMENTS WHEN DUE UNDER THIS CONTRACT, THE UNDERSIGNED SHALL PAY ALL COSTS AND EXPENSES, INCLUDING ATTORNEY/LEGAL FEES, INCURRED IN COLLECTING ANY PAYMENT DUE UNDER THIS CONTRACT.**

Name

Title

Company

Signature

Date

PLEASE MAIL OR FAX THIS COMPLETED FORM TO:

Kappes Miller Management, LLC
Attention Disclosure Department
P.O. Box 50330
Bellevue, WA 98015-0330

Disclosure Department - Phone

(425) 688-2020

Disclosure Department - Fax

(425) 688-2046

Once we have received the completed form and payment, we will process your request. Disclosure work will not commence until this form and payment has been received. Please be advised that an incomplete form may delay the processing of your request. Thank you.