



When receiving this form via an email attachment, first click on “View” located at the top left of this document, then “**Edit Document**” to continue editing. If you would like a **delivery receipt**, please check the box under the **Routing Information section**. Please complete the form below email the request to the email address at the bottom of this form.

Please complete ALL information; otherwise it will cause a delay. If not fully completed, your request will be returned. There is a 24-48-hour turnaround time for all certificates.

**Name of Condominium Association:** Click or tap here to enter text.

**Unit Owner Information (USE CONDO UNIT ADDRESS)** please complete even if same as above

Owner's Name: Click or tap here to enter text.

Condo Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

**Mortgagee Clause (if no mortgage-please enter N/A)**

Bank Name: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

Loan Number: Click or tap here to enter text.

**Routing Information**

Delivery option: Click or tap here to enter text.

Fax # to receive certificate: Click or tap here to enter text.

E-Mail the Certificate to: Click or tap here to enter text.

**PLEASE INCLUDE DELIVERY RECEIPT TO REQUESTOR**

**Requested by:**

Requestor Name: Click or tap here to enter text.

Requestor Phone: Click or tap here to enter text.

Requestor Email: Click or tap here to enter text.

Date Requested: Click or tap here to enter text.

**Return this completed form to:**

Email: [RSCcertrequest@risk-strategies.com](mailto:RSCcertrequest@risk-strategies.com)