

Essex Management Group

Requestor's Information (completed 6D will be mailed here)

Association Name THE HEIGHTS @ Cape Ann Condo TRUST

Requestor's Name MICHAEL SCULLY

Street 122 W. 71ST ST., NYC, NY 10023

City _____ State _____ Zip _____

Contact number (917) 754-0727 Closing Date: _____

Email Address MICHAELSCULLY1@mac.com

How would you would like 6(D) delivered: Mail * Fax * Pick-up (circle one)

Unit Owner MICHAEL SCULLY

Full Unit Address: #509 THE HEIGHTS @ CAPE ANN, GLOUCESTER, MASS

(If Refinancing Check Here - and disregard below section) 01930

Purchaser Information – THIS SECTION MUST BE COMPLETED IN FULL

CHECK ALL THAT APPLY:

Master Deed & By Laws: _____ Given to Purchaser _____ Read by Purchaser

Rules & Regulations: _____ Given to Purchaser _____ Read by Purchaser

Name _____

Street _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Will Purchaser Occupy unit? Yes: _____ No: _____ (If not, please provide mailing address below)

Street _____

City _____ State _____ Zip _____

THIS FORM WILL NOT BE PROCESSED WITHOUT THE PURCHASER'S SIGNATURE

I HAVE READ THE RULES AND REGULATIONS THAT GOVERN THE CONDOMINIUMS AND AGREE TO ADHERE TO THEM AS SET FORTH IN THE CONDOMINIUM DOCUMENTS,

Purchaser acknowledges and agrees to adhere to the Pet Policy outlined in the Condominium Document:

Signed: _____

Print Name: _____ Date: _____

6(D) processing fee is \$125.00. Please allow 5 business days for processing the certificate.

PLEASE ENCLOSE A CHECK FOR \$125.00 MADE PAYABLE TO:

ESSEX MANAGEMENT GROUP and mail to P.O. Box 2098, Haverhill, MA 01831.

Rush requests (2-4 business days) require an additional \$25.00 charge.