

## Affidavit Request Form

Royale Management Services, Inc  
2319 N Andrews Avenue  
Fort Lauderdale, FL 33311  
(954) 563-1269 phone; (954) 563-2153 fax

**The fee for processing an affidavit is \$150.00 and payment must accompany your request before we can process it.** Please make your check payable to Royale Management Services, Inc., and allow 5 business days from the time of receipt by Royale Management Services for processing. Payment may also be made by Visa or Master Card. To make your payment by credit card, simply complete the credit card payment authorization portion of this form and fax to **(954) 563-2153**. If you have questions about the receipt or the processing of your application, you may email us at [CAM@rmsaccounting.com](mailto:CAM@rmsaccounting.com). **Please be sure to include the information you need with this request. Expedited second business day processing is available for an additional fee of \$100.00. The fee is non-refundable and cannot be cancelled once the request has been received by Royale Management Services Inc.**

*\*\*\*All affidavits are based on current knowledge the manager has of the Association as of the date the affidavit is signed, and Royale Management Services makes no warranties, express or implied, as to the validity of the information available or the availability of funds at a later date. Royale Management Services is under no obligation to update the affidavit as new information becomes available, and the request for an updated or additional affidavit must be accompanied by a new request and affidavit processing fee.*

Date of Request: \_\_\_\_\_

Name of Association: \_\_\_\_\_

Regarding: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Please Fax Affidavit Attention \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_ Please Email Affidavit to \_\_\_\_\_

\_\_\_\_\_ Please mail Affidavit to \_\_\_\_\_

---

### PAYMENT METHOD

\_\_\_\_\_ Please find our check for \$150.00 payable to Royale Management Services Inc. attached.

\_\_\_\_\_ Please apply the \$150.00 charge to the following Visa or Mastercard.

\_\_\_\_\_ Please add \$100.00 for expedited processing.

*I authorize Royale Management Services to charge my credit card \$\_\_\_\_\_ for the processing of an affidavit request. I understand that this authorization is subject to the terms set out on the previous page and my credit card agreement. All transactions are **NON-REFUNDABLE**.*

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Security Number on Card \_\_\_\_\_

Card Holders Name \_\_\_\_\_

Billing Address Street \_\_\_\_\_

Billing Address City, State, Zip \_\_\_\_\_

Card Holders Signature X \_\_\_\_\_