

Association Declaration of Condominium Request Form

ROYALE MANAGEMENT SERVICES, INC

2319 N Andrews Avenue, Fort Lauderdale, FL 33311

Phone 94-563-1269 Fax 954-563-2153

Date of Request: _____

Name of Association: _____

Name of Seller (s): _____

Property Address: _____ Unit #: _____

City, State, Zip: _____

Name of Requestor: _____ Phone Number: _____

_____ Please email Declaration of Condominium to _____

The charge for this method is \$25.00

_____ Please Mail Declaration attention to _____

(Regular USPS)

The charge for this method is \$100.00

Payment Method

_____ Please find our check for \$_____ payable to Royale Management Services Inc.

_____ Please apply the \$_____ charge to the following Visa, Master Card or American Express.

Card Number _____ Security Code _____ Expiration _____

Card Holder Name _____

Billing Street Address _____

Billing City, State Zip _____

Cardholder Signature _____

Caution, Requests cannot be processed without payment, be sure to include your check or credit card information.