

6(d) Request Form

Gemini Property Management, LLC
89 West Main Street
Merrimac, MA 01860
978-346-8900 * 978-346-4893 fax
pjk@geminiproperty.net

Name of Condominium: _____

Unit Owner: _____

Building Number _____ Unit Number: _____

Date of Closing: _____, 20____

Selling Price: _____

Mail Address for 6(d) Certificate:

Realtor if Any:

Name

Name

Address

Telephone

City State Zip Code

Purchaser:

Name

Telephone

Mailing Address

Email Address

City State Zip Code

Approx. Move-In Date:

____/____/____

Will this unit be owner Occupied? YES _____ NO _____

Customer Number _____
(Greentree Condo Use Only)