



CONDOMINIUM/HOMEOWNER'S ASSOCIATION CERTIFICATE REQUEST

Condominium Association Name: Golden Isles Condo Apts Inc.

Property Address: _____

Unit Number: _____

Unit Owner Name: _____

Loan Number: _____

Lender Name: _____

Lender Address: _____

Lender City, State, Zip: _____

Lender Fax Number/email: _____

Confirmation Fax Number or Email: _____

Date: _____

Once completed, email it to supportdocs@bra-llc.com Or you fax request to: (866) 892-3980. If you would like confirmation the request was sent to the bank, please complete the confirmation fax number or email section. Be advised during high volume it may take up to 24 business hours to complete a request.

**If possible, please include the letter received from the lender.

We appreciate your business!