

## PROPERTY ACCOUNT PROCESSING NOTICE FOR HOME REFINANCE

Legal Representatives: Please provide your client a copy of this notice.

Please contact our office, via email or phone, upon closing to confirm all owner information remains the same. Should there be any changes to the owner(s) listed on the property and/or homeowner's account, it is imperative that our office is notified upon closing.

Your cooperation in this matter is appreciated. Thank you!



3128 Amesbury Drive  
Baldwinsville, NY 13027  
[www.radissoncommunity.org](http://www.radissoncommunity.org)

[info@radissoncommunity.org](mailto:info@radissoncommunity.org)

315-635-7171 ph 315-635-7182 fax  
Monday - Friday, 8am-5pm

**HOME REFINANCE  
REQUEST FOR CERTIFICATE OF COMPLIANCE & STATEMENT OF ASSESSMENT**

**SUBMIT FORM TO: 3128 Amesbury Drive, Baldwinsville, New York 13027  
(Phone: 315-635-7171/ Fax: 315-635-7182)**

The Radisson Community Association, Inc. (RCA) requires that a Certificate of Compliance (C of C) inspection be made and a C of C be issued prior to any sale, transfer of title, or refinancing of an existing home in Radisson. Upon receipt of the following information, a C of C and a Statement of Assessment will be prepared and sent to the individual making the request within 7-10 business days. **Please note that the C of C is valid for 90 days.**

**PROPERTY ADDRESS:** \_\_\_\_\_ **DATE OF REQUEST:** \_\_\_\_\_

\*\*\*AN INTERIOR INSPECTION IS NOT REQUIRED FOR A REFINANCE\*\*\*

**OWNER'S NAME:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**MAILING ADDRESS: (if different)**

**EMAIL:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION:**

**ATTORNEY INFORMATION (if applicable):**

**BANK NAME:** \_\_\_\_\_

**ATTORNEY NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**FIRM NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ANTICIPATED CLOSING DATE:** \_\_\_\_\_

**ADMINISTRATIVE FEE: \$75.00**

(Please make checks payable to RCA)

**PAYMENT ENCLOSED:**  CASH       CHECK #: \_\_\_\_\_

**PLEASE BILL HOA ACCOUNT\***

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

(Homeowner/Legal Representative)

**\*PLEASE NOTE:** Request will NOT be processed without signature if this option is checked.

**RCA OFFICE USE ONLY**

04/2021

**HOA Account #:** \_\_\_\_\_

**Log#:** CC- \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_