

REQUEST FOR TRANSFER PACKAGE
FOR REFINANCE

This form is to be completed in full and either mailed, sent by facsimile or e-mail to the

Edmund J. Flynn Company

5100 Wisconsin Avenue, NW, Suite 514, Washington, D.C., 20016

at least 5 days **prior to** settlement date

Telephone 202.537.1800 Facsimile: 202.244.9510

E-mail: brandon.aefsky@edmundjflynn.com

Name of Cooperative: _____

Address: _____

Apartment # _____ Garage/Parking Space(s) _____

Name of Owner(s): _____

Name of New Lender: _____

Date of Settlement/closing for Refinance: _____

**** Information of Settlement Attorney/Firm ****

Name of Settlement Firm/Attorney:

Address: _____

Telephone: _____ Fax: _____

Your Case #

Contact Person: _____

E-mail: _____@_____.