

# 6D / Lien Release Request

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Date of Request: \_\_\_\_\_

Condo Association: \_\_\_\_\_

Unit # /Address: \_\_\_\_\_

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## Person /Company Requesting Lien Release

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Closing Date: \_\_\_\_\_

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**Sellers Name:**

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**Buyers Name:**

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➤ Mailing Address:

\_\_\_\_\_

➤ Email: \_\_\_\_\_

➤ Phone: \_\_\_\_\_

Check One:            Owner Occupied

                          Investment Property

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***\$50.00 fee to process all requests for 6D/Lien Release.***

***For your convenience, VISA & Mastercard is accepted.***

**Contact Jan Hammond at 603-889-5160 x110 or via email: [JHammond@SequelNH.com](mailto:JHammond@SequelNH.com)**