

# Estoppel Request Form

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

## Property Information

Property Address: \_\_\_\_\_

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

Owner's Name(s): \_\_\_\_\_

If Bank Owned, Date of Certificate of Title: \_\_\_\_\_

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

## Contact Information

Person Requesting Estoppel: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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PURSUANT TO FLORIDA STATUTE 718.116(8) AND FLORIDA STATUTE 720.303(5)(D), BAKALAR & ASSOCIATES, PA HAS FIFTEEN (15) DAYS FROM THE DATE OF RECEIPT OF AN ESTOPPEL REQUEST TO PROVIDE THE REQUESTED INFORMATION.

IF YOU ARE REQUESTING AN EXPEDITED PAYOFF, PLEASE ADVISE OF SAME IN THE COMMENT SECTION PROVIDED AND STATE THE NATURE AND REASON THAT THE PAYOFF INFORMATION IS NEEDED ON AN EXPEDITED BASIS AND WE WILL ATTEMPT TO FULFILL YOUR REQUEST.

BAKALAR & ASSOCIATES, P.A. MAY BE DEEMED A DEBT COLLECTOR UNDER THE FAIR DEBT COLLECTION PRACTICES ACT (FDCPA) AND ANY INFORMATION OBTAINED MAY BE USED FOR THAT PURPOSE.