

REQUEST FOR ESTOPPEL CERTIFICATE

Pursuant to Florida Statutes, request for Estoppel Certificates will be processed within 15 days of receiving your request, unless you request rush service and agree to the terms outlined for "Rush Request" below.

Requestor must complete all information below and must clearly state the party (name of unit owner or unit mortgagee) on whose behalf the request is made. You must be authorized / designated by the unit owner or unit mortgagee to request an estoppel.

The Estoppel Certificate issued by this firm will be conditioned upon the Requestor, contacting the Association's property manager and receiving information regarding violations, insurance policies, master/sub associations, etc.

If your client wishes to claim the limited liability exception, or the so-called "Safe Harbor" provisions, of Florida Statutes 718.116 or 720.3085, you must provide documentation to substantiate the entitlement. If you do not and it is not clear from the record that you or your client is entitled to the Safe Harbor, an Estoppel Certificate with all delinquent assessments and other charges will be provided. Requests to revise an Estoppel Certificate shall be deemed a new and separate request and will only be processed with payment of the \$250.00 estoppel fee in advance, which fee is non-refundable, particularly should documentation demonstrating Safe-Harbor entitlement not be presented. Therefore, it is in your client's interest to submit said documentation with the initial request.

Please mail or deliver your request with payment of \$250.00 payable to Hilley & Wyant-Cortez, P.A.

TO: HILLEY & WYANT-CORTEZ, P.A.  
860 US HWY ONE, SUITE 108, NORTH PALM BEACH, FL 33408-3825

DATE OF REQUEST: \_\_\_\_\_

FROM: \_\_\_\_\_  
Name of Requestor (Must be unit owner, unit mortgagee or designee of either)

\_\_\_\_\_  
Company Name (Must be unit owner, unit mortgagee or designee of either)

RE: \_\_\_\_\_  
Unit Owner

\_\_\_\_\_  
Unit Address (Including street and unit number)

\_\_\_\_\_  
Applicable Condominium or Homeowners Association Name

\_\_\_\_\_  
Facsimile, Email or Mailing Address to Send Estoppel Certificate

**INFORMATION**

- REQUESTED:        Statement of "all assessments and other moneys owed to the association." (Fee: \$250.00 payable in advance)
- Other information requested (May require additional fee in advance).
- \_\_\_\_\_

**PURPOSE OF**

- REQUEST:        Request for payoff to satisfy claim of lien.
- Request for payoff to pay association in full.
- Request for payoff in conjunction with closing (provide buyer and/or new mortgagee name).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
New mortgagee / lender (not mortgage broker).

<b>RUSH REQUEST</b>
<p>In consideration for expedited processing, I, individually and on behalf of the payor of the estoppel fee, hereby waive any right to any refund of the estoppel fee which might be claimed under Florida Statute 718.116(8) for condominiums or 720.30851 for homeowner/property owner associations.</p>
<p>_____ Signature</p>
<p>_____ Printed Name</p>
<p>_____ Company Name</p>