FL Title & Escrow Co.
1801 S Ocean Dr, Suite H, Hallandale Beach, FL 33009 | (888) 784-1723

Association Estoppel Request & Authorization

Fill out on a computer or print and complete by hand. Return it to likh@fltitle.co or bring it to our office. Fields marked * are required. You can also complete this form online at https://estoppel.fltitle.co

PROPERTY

Property address *

Unit number

Scheduled closing date

File number (if known)

OWNER

Owner name(s) as shown on the deed *

Phone *

Email *

ASSOCIATION

Association type *

◯ Condominium association ◯ Homeowners association (HOA) ◯ Cooperative ◯ Not sure

Association name *

Management company

Manager / contact name

Association or manager phone

Association or manager email

Owner portal or website (if any)

MASTER ASSOCIATION

Is there also a master association? *

◯ Yes ◯ No

If "Yes" above: master association name

If "Yes" above: management company

If "Yes" above: phone

If "Yes" above: email

YOUR ACCOUNT

Regular assessment amount

Paid

◯ Monthly ◯ Quarterly ◯ Semi-annually ◯ Annually

Paid through (month / year)

Are there any special assessments, current or approved?

◯ Yes ◯ No

If "Yes" above: please describe

Any open violations, fines or disputes with the association?

◯ Yes ◯ No

If "Yes" above: please describe

ACCESS ITEMS TO TRANSFER

Items assigned to the unit

☐ Parking space ☐ Storage unit ☐ Gate remote / transponder ☐ Key fob / access card ☐ Mailbox key
☐ Pool / amenity key

Numbers and quantities

AUTHORIZATION

I/we authorize the association(s) and their management company to release an estoppel certificate and account information for the property to FL Title & Escrow Co., and to communicate with FL Title & Escrow Co. about this sale. Estoppel and related fees will be paid as provided in the purchase contract and may be collected at closing.

☐ I/we agree to the authorization above. *

COMMENTS AND SIGNATURE

Comments (optional)

Sign by hand after printing, or type your full name in the signature box to sign electronically. By signing, I confirm that the information in this form is true and complete.

Owner signature *

Date

Printed name

Co-owner signature (if any)

Date

Printed name