

401 Walnut Street Poinciana, Florida 34759-4329 Tel # (863) 427-0900 Fax # (863) 427-2404

ESTOPPEL REQUEST FORM	DATE	/	/_

PLEASE COMPLETE ALL REQUESTED INFOR	RMATION AND EMAIL TO ADDRESSES BELOW.		
Block/Lot: Village: Property Ad	Address:		
Title Co Name:	Attn:		
THIS ESTOPPEL IS FOR A: SALE MORTO	GAGE REFINANCE (please check one)		
RESPONSIBLE PARTY PAYING FOR THE ESTOPPEL:	□OWNER □MORTGAGE/BANK □BUYER		
Fax:Tel:	EMAIL:		
Owner's Name:			
Buyer's Name:	Expected Closing Date/		
NOTE: REQUESTS ARE TO BE SENT TO ALL EMAIL Ashley.Poe1@fsresidential.com and estoppel.apv@fsresiden	L ADDRESSES LISTED: <u>Dulce.Maestrey@fsresidential.com</u> , tial.com		
IMPORTANT NOTICE: All Estoppel Requests are to be paid in advance. Requests are to be made by email (see above). YOUR ESTOPPEL PACKAGE WILL INCLUDE Estoppel Certificate Current Ledger (If account is not in Collections) W-9 and a receipt for Estoppel payment Information on current Violations/Liens (if applicable) Owner Information form HOA Assessment Schedule and Payment instructions A list of known sub associations A blank copy of APV estoppel request form	** Please check the box below with your selection** NORMAL PROCESSING \$299.00 RUSH PROCESSING \$418.00 EXPECTED TURN AROUND TIME FOR ESTOPPELS NORMAL/CUSTOMARY 10 BUSINESS DAYS RUSH 2-3 BUSINESS DAYS PLEASE NOTE ALL ESTOPPEL REQUESTS RECEIVED AFTER 3PM WILL BE PROCESSED NEXT BUSINESS DAY		
Please note to avoid being accidently double charged please send or your bank will incur a \$30.00 processing fee. We DO NOT accept A			
MC/VISA/DISCOVER/CARD#:	AMOUNT PAID \$		
AMOUNT \$ EXP/ SEC CODE	PLEASE CHECK PAYMENT METHOD		
Tel: Email: PRINT NAME:	CREDIT CARD (MASTER CARD, VISA, DISCOVER ONLY) CASHIERS CHECK/ COMPANY CHECK ENCLOSED MONEY ORDER ENCLOSED		
COMPLETE BILLING ADDRESS:	MAKE CHECKS PAYABLE IN US DOLLARS TO: ASSOCIATION OF POINCIANA VILLAGES, INC MAIL TO: 401 WALNUT STREET, POINCIANA, FL 34759-4329 ATTN: ESTOPPEL DEPARTMENT		