



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

**ESTOPPEL REQUEST FORM**

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE COMPLETE ALL REQUESTED INFORMATION AND EMAIL TO ADDRESSES BELOW.**

Block/Lot: \_\_\_\_\_ Village: \_\_\_\_\_ Property Address: \_\_\_\_\_

Title Co Name: \_\_\_\_\_ Attn: \_\_\_\_\_

THIS ESTOPPEL IS FOR A:     SALE     MORTGAGE     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 ADDRESSES LISTED:**  
[Rosaida.morales@fsresidential.com](mailto:Rosaida.morales@fsresidential.com), [Dulce.Maestry@fsresidential.com](mailto:Dulce.Maestry@fsresidential.com) and [estoppel.apv@fsresidential.com](mailto:estoppel.apv@fsresidential.com)

**IMPORTANT NOTICE:**

All Estoppel and Questionnaire 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    \$225.00**

**RUSH PROCESSING    \$325.00**

**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 only once either by Fax or Email. Credit Card payments disputed by your bank will incur a \$30.00 processing fee.**

MC/VISA/DISCOVER/CARD#: \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_ SEC CODE \_\_\_\_\_

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

PRINT NAME: \_\_\_\_\_

SIGNATURE(required) \_\_\_\_\_

COMPLETE BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

**PLEASE CHECK PAYMENT METHOD**

- CREDIT CARD (MASTER CARD,VISA, DISCOVER ONLY)
- CASHIERS CHECK/ COMPANY CHECK ENCLOSED
- MONEY ORDER ENCLOSED

**MAKE CHECKS PAYABLE IN US DOLLARS TO:**

**ASSOCIATION OF POINCIANA VILLAGES, INC**

**MAIL TO: 401 WALNUT STREET, POINCIANA, FL 34759-4329**

**ATTN: ESTOPPEL DEPARTMENT**