



ESTOPPEL REQUEST FORM

Date of Request: _____
Property Address: _____
Owner's Name: _____
If Bank Owned, Date of Certificate of Title: _____
Expected Closing Date: _____
Buyer(s) Name: _____

Contact Information

Person Requesting Estoppel: _____
Name of Company: _____
Company Address: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

Estoppel Cost: \$250.00 (Processed in 10 business days and delivered via email only). Expedited Service Fee: An extra \$100.00 (Processed in 3 business days and delivered via email only).

1. Please submit your request to: vpw.management@gmail.com
2. One update, within a 30-day period from original estoppel issue date is free of charge.
3. New estoppel requests are required after 30 days of previous estoppel issue date.
4. Estoppel will not be released until payment in full is received.
5. Make check or money order payable to **Villa Portofino West** (no cash will be accepted).
6. Send the payment in full with a copy of this form to:
Villa Portofino West, 650 NE 22nd Terrace, Ste.202-10, Homestead, FL 33033