

ESTOPPEL REQUEST FORM

Unit being sold: _____

Projected closing date: _____

Title Agency: _____

Title Agent

Name: _____

Phone # _____

Email: _____

Seller's Agent

Name: _____

Phone: _____

Email: _____

Seller

Name: _____

Phone: _____

Email: _____

Buyer's Agent

Name: _____

Phone: _____

Email: _____

Address all checks to: PO BOX 494016, Port Charlotte, FL 33949
Payable to: Cross Community Management
Administration Fee (if applicable) to: Cross Community Management

Buyer

Name _____

Phone: _____

Email: _____

Will the potential new owner occupy the unit: YES _____ NO _____

If not, please attach new owner's property address:

Please select one:

-Expedited-\$350 (1-3 business days) _____ -Standard-\$250 (4-7 business days) _____

NOTE:

- Invoices are sent out on the 15th of each month, please select an estoppel accordingly
- Any additional information that may be needed outside of the information given on the estoppel may be subject to additional administration fees payable to: **Cross Community Management**
- Any and all fees are to be paid at closing
- If services were provided and transaction fails, all fees are still subject to payment and must be issued immediately (not at second closing)
- If transaction fails before billing cycle ends and a new projected closing date is scheduled during a new cycle, an additional estoppel request will need to be filled out and will be subject to the estoppel fee.

Dominick Beltran (CAM)
Cross Community Management
Email: Infosunshinecam@gmail.com
Phone: 941-815-3664

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