

## **ESTOPPEL REQUEST FORM**

Date: \_\_\_\_\_

Pending Closing Date: \_\_\_\_\_

- Sale
- Refinance
- Foreclosure

Property Address: \_\_\_\_\_

\_\_\_\_\_

Name of Association: \_\_\_\_\_

Current Owner(s): \_\_\_\_\_

Buyer(s): \_\_\_\_\_

Requested By: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please send the completed estoppel request form to:

Mahogany Services, Inc.  
21 S.E. 5<sup>th</sup> Street, Suite 200  
Boca Raton, FL 33432

Email: [Lheller@mahoganyservices.com](mailto:Lheller@mahoganyservices.com)

Please make check payable to Mahogany Services, Inc. in the amount of (please select one option below)

- \$275.00 for Standard Service (7 – 10 Business Days)
- \$300.00 for Priority Service (2 Business Days)

