

**BCM SERVICES, INC.**

*An Association Management Company*

920 3<sup>RD</sup> STREET, STE B ▲ NEPTUNE BEACH FL 32266

PHONE (904-242-0666) ▲ FAX (904-242-0670)

[www.bcmservices.net](http://www.bcmservices.net) ▲ [estoppel@bcmservices.net](mailto:estoppel@bcmservices.net)

**ESTOPPEL REQUEST FORM**

**By submitting this request, requestor attests that he/she has the legal authorization from the parcel owner or mortgagee, or his or her designee (Florida Statute 720.30851) to request this information.**

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

**ESTOPPELS ARE NOT REVIEWED AND PLACED INTO THE QUEUE UNTIL COMPLETED FORM AND FEE HAVE BEEN RECEIVED.**

**Check Applicable:**

- |  |   |
|--|---|
| <input type="checkbox"/> New Request (\$125.00)<br>Processed within 10 business days | <input type="checkbox"/> Rush Request (\$150.00) Processed within 3 business days |
| <input type="checkbox"/> Ledger  | <input type="checkbox"/> W9   |

**Requestor Information: PLEASE PRINT CLEARLY**

Authorized Company or Individual's Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Description of Property:**

Community Name \_\_\_\_\_

Lot Number \_\_\_\_\_ Phase \_\_\_\_\_

Street Address \_\_\_\_\_

Owner's Name \_\_\_\_\_

**Transaction Info:**

Buyer's Name \_\_\_\_\_

**Projected Closing Date is REQUIRED in order to process your request:** \_\_\_\_\_  
(Projected Closing Date)