

**BCM SERVICES, INC.**

*An Association Management Company*

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

PHONE (904-242-0666)

[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 and has informed owner of liability of expense if request is cancelled. Please note that any cancelled contract and reimbursement for the fee is the obligation of the unit owner, and the association may collect it from the owner in the same manner as an assessment.**

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

**ESTOPPEL REQUESTS ARE NOT QUEUED FOR PROCESSING UNTIL BOTH COMPLETED FORM (WITH PROJECTED CLOSING DATE) AND FEE HAVE BEEN RECEIVED TOGETHER.**

**Check Applicable: Please make payment payable to BCM Services Inc. No Credit or Debit Cards.**

**New Request (\$250.00)**  
Processed within 10 business days

**Rush Request (\$350.00)**  
Processed within 3 business days

Ledger

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)**