



Estoppel or Questionnaire Request Form

DATE: _____ SETTLEMENT DATE: _____

The following information is required for our office to process an Estoppel Certificate or Questionnaire. The package includes: the Estoppel Certificate or Questionnaire, a current ledger, any pending violations or liens on the property.

NOTE: FORM MUST BE FILLED OUT IN ITS ENTIRETY BEFORE PROCESSING WILL BEGIN

Include check, made payable Icon Management Services with your request. Payment must be received before paperwork processing will begin. Copies of checks will not be accepted as valid payment. Fees are not collected at time of settlement. The Estoppel Certificate or Questionnaire will be invalid if payment is not honored.

Property Information

Street Address: _____

Association Name: _____

Seller's Full Name: _____

Buyer

Buyer's Full Name: _____

Co-Buyer's Full Name: _____

Buyer's Address: _____

Buyer's Phone #: _____ Fax #: _____

Email: _____

Delivery Information

Requested By: _____ Phone #: _____

Business Name (if applicable): _____

Fax #: _____ Phone #: _____

City: _____ State: _____ Zip: _____



Processing

Estoppel or Questionnaire Package:

- Standard Processing \$250 (PER ASSOCIATION)

(less than 7 days, \$350.00 per Estoppel).

Payment Information

- Check Enclosed (mailed requests only)

Check Number: _____

Mailing Information:

Dot Sorensen - Accounting Department
ICON Management Services, Inc.
4654 State Road 64 East Box 503
Bradenton, FL 34208

Phone: 941.747.7261

Fax: 941.747.7202

Email:

Estoppels@theiconteam.com