

[Date]

[Condominium Association Name]
[Management Company Name, if applicable]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Estoppel Certificate Request

Property Address: [Unit Address and Unit Number]
Owner Name(s): [Current Owner Name]
Closing Date: [Anticipated Closing Date]

To Whom It May Concern,

Please provide an official Estoppel Certificate for the property referenced above. This request is being made in connection with the [sale/refinance] of the unit.

The certificate should include, but not be limited to, the following information:

- Current balance of regular assessments.
- Frequency of assessment payments (monthly, quarterly, etc.).
- Status of any special assessments or pending assessments.
- Any outstanding fines, late fees, or interest.
- Any known violations of the association rules and regulations.
- Information regarding upcoming capital improvements or budget increases.

Please let us know the required fee for this service and the preferred method of payment. If an expedited "rush" service is available, please provide the details and associated costs.

Please deliver the completed certificate via [email/mail/fax] to:

[Recipient Name/Company]
[Delivery Address or Email Address]
[Phone Number]

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Role, e.g., Closing Agent, Seller, Attorney]