

[Date]

[Association Name]

[Association Address]

[City, State, Zip Code]

RE: Estoppel Certificate Request

Property Address: [Full Property Address]

Owner Name: [Current Owner Name]

Parcel ID/Account Number: [Number]

To Whom It May Concern,

Please provide a formal Estoppel Certificate for the commercial property referenced above. We require this information in connection with a [Sale/Refinance] of the property scheduled to close on [Closing Date].

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

- Current monthly/quarterly assessment amount.
- Date through which assessments are paid.
- Itemized statement of any delinquent amounts, late fees, or interest.
- Any known or pending special assessments.
- Any outstanding violations of the association's rules or bylaws.
- Transfer fees or capital contribution fees due at closing.

Please notify us of the fee for this request and the preferred method of payment. Once completed, please deliver the certificate to [Email Address] or via mail to [Mailing Address].

If you have any questions, please contact [Name] at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Company Name]