

[Your Law Firm Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[HOA Name or Management Company Name]  
[Address]  
[City, State, Zip Code]

**RE: REQUEST FOR ESTOPPEL CERTIFICATE**

Property Address: [Full Property Address]  
Owner Name(s): [Current Owner Name]  
Parcel/Folio Number: [Insert Number]  
Anticipated Closing Date: [Date]

To Whom It May Concern:

Our firm represents [Buyer Name / Seller Name / Lender Name] in connection with the real estate transaction for the above-referenced property. Pursuant to [Insert State Statute if applicable, e.g., Florida Statute 720.30851], we hereby request an Estoppel Certificate for this property.

Please provide a statement of all accounts, including but not limited to:

- Regular assessment amounts and frequency.
- Current balance due, including any late fees, interest, or penalties.
- Known upcoming special assessments.
- Violations of any rules or regulations currently on record.
- Capital contribution or transfer fees due at closing.

Please find the required processing fee of \$[Amount] enclosed herewith. [Or: Please advise of the required fee so we may remit payment immediately.]

Please deliver the completed Estoppel Certificate to our office via [Email/Fax/Mail] no later than [Date].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Title]