

REQUEST FOR ESTOPPEL

Name of Master Association: _____

Homeowner's Name: _____

Address: _____

Telephone Number: _____

Cell Number: _____

Signature

Date

FEES: \$175.00 FOR SAME DAY SERVICE IF RECEIVED BEFORE 3 PM

\$150.00 FOR A 24 HOUR SERVICE

\$100.00 FOR A THREE DAY SERVICE

Payments must be made payable to LJ Services Group, Corp.

Please complete FORM and return via fax to 305-572-7092.