

**PROFESSIONAL ASSOCIATION MANAGERS, LLC**  
**P. O. Box 12507, Pensacola, FL 32591**  
**850-434-7633, Fax 1-877-669-1404**  
**help@professionalassociationmanagers.com**

**ESTOPPEL INFORMATION**

To facilitate the estoppel request, please complete this form and return it to us before any account information is released.

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ (Closing Agent) Fax # \_\_\_\_\_

AT: \_\_\_\_\_  
(Name of Title Company)

**To Be Completed by Closing Agent**

Condominium/Subdivision Name \_\_\_\_\_

Unit Number or Lot/Block \_\_\_\_\_

Expected Closing Date: \_\_\_\_\_

Seller Name: \_\_\_\_\_

Purchaser Name: \_\_\_\_\_

Purchasers Mailing Address: \_\_\_\_\_  
**after closing** (required for association records and correspondence)

Purchaser Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Other \_\_\_\_\_ Other \_\_\_\_\_

Purchaser Email: \_\_\_\_\_

Has the Purchaser received Association Declaration, By-Laws, or Rules & Regulations from Seller or Seller's agent?

Yes \_\_\_ No \_\_\_