

Mailing Address: PO Box 351676, Jacksonville, FL 32235

Overnight Address: 11718 Waterlight Court, Jacksonville, FL 32256

Email Address:	: <u>Diane@GorillaGroup.org</u>		
	Estoppel Request – West Ri		
Homeowner's Name:		Today's Date:	
Property Address:			
	Contact Information of	Person Requestin	g Information:
Law Firm/Title Company Name:		Estoppe	el needed by 5:00 p.m. on
Contact at Firm:			Closing Date:
Phone Number:		Email Address:	
□ + \$179 □ \$100 All requests w	Estoppel request completed within Delinquency fee if assessments are Updated estoppel completed with ill be completed by 5:00 p.m. EST it cards are accepted with a 4% presented with a 4% presented in the completed by 5:00 p.m.	re 30 days past due in 3 business days. Swithin the date reque	ested. Payment must accompany by credit card, complete the following
Printed Name on Credit Card:			CVV/Security Code:
Credit Card #:			Expiration Date:
Billing Addres	s including Zip Code:		
Total amount	to be charged, plus 4%:	_ Signature: _	
	rged or payment received on		