

Mailing Address: PO Box 351676, Jacksonville, FL 32235

For Office Use Only: Emailed to client on

Overnight Address: 12758 Muirfield Blvd. South, Jacksonville, FL 32225

Email Address: <u>Diane@GorillaGroup.org</u> Phone & Fax Line: 904-685-8948

Estopp	oel Request for Harbo	our Island Co	mmunity Association
Homeowner's Name:		_ Today's Date:	
Property Addi	ress:		
	Contact Information of	of Person Requesting I	information:
Law Firm/Title Company Name:		Estoppe	l needed by 5:00 p.m. on
Contact at Firm:			Closing Date:
Phone Number:			
	Estoppel Fee Schedule: (All order	rs must be pre-paid, pa	ayable to Gorilla Group)
□ + \$119	Estoppel request completed within 10 business days. Estoppel request completed within 3 business days. Delinquency fee if assessments are 30 days past due		
□ \$100	Updated estoppel completed within 3 business days.		
request. Cred	-	rocessing fee. To pay b	y credit card, complete the following
Printed Name on Credit Card:			CVV/Security Code:
Credit Card #:			Expiration Date:
Billing Addres	ss including Zip Code:		
Total amount to be charged, plus 4%: Signature: _			
Credit card cha	rged or payment received on		