



ESTOPPEL REQUEST FORM

PROPERTY ADDRESS: _____

OWNER/SELLER(S): _____

BUYER(S): _____

CLOSING DATE: _____ FILE NO: _____

CLOSING AGENT: (name) _____

(Company): _____ (Phone #): _____

River Oaks Community Association is a Mandatory Association. For questions or additional information, please feel free to reach out to the board at RiverOaks32809@Gmail.com. With regard to the above referenced transaction, the following information will be certified to Closing Agent. This information will be filled out by the Board of Directors and emailed back to the person sending the request.

PROCESSING FEES:

- ESTOPPEL PROCESSING FEE (seller): \$ 150.00
- TRANSFER FEE (new owner): \$ 75.00

TYPICAL ASSOCIATION FEES: ANNUAL MEMBERSHIP DUES \$100.00 PER YEAR

- Payments Current Through: _____
- Annual Membership Dues Owed \$100.00 (_____ thru _____)
- Late Fees Due \$ _____
- Other Fees Due \$ _____ (See Attached Invoice)

ASSESSMENTS:

- Mailbox Replacement Program (\$ _____); New owners pay for replacement of old mailboxes to match the new mailboxes throughout the community.
- Capital Contribution \$ _____
- Other: _____
- There are no current assessments for this property

Total due to River Oaks Community Association at Closing: \$ _____

Please send this completed Estoppel Request form to the River Oaks Association at BOTH of the following email's RiverOaks32809@gmail.com AND RiverOaks32809.Treasurer@gmail.com or mail to P.O. Box 593863, Orlando, FL 32859. If you have a form you'd like to use, send that **WITH this form AND** the completed **New Owner Registration Form**, attached.



Welcome to the River Oaks Community Association

NEW OWNER REGISTRATION: Buyer / New owner's are required to register with the association.

New Owner Registration:

Property Address: _____

Property Owners: _____

Please Provide Your Contact Information for Neighborhood Communication:

Note, your contact information will only be used for communicating neighborhood invoices, news and events

Primary Email address: _____

Second Email Address: _____

Telephone number(s): _____

Name(s) of Children, Other Residents/Tenants: _____

Tell us about your pets in case your furry family member gets lost after you move in (type/breed/color):

Other information:

YES, please include my contact info in a printed neighborhood directory & send me a copy if one is created this year

No Thanks—please don't print my contact information in the printed neighborhood directory.

Check enclosed for Payment \$ _____

For _____ (Year) Annual Membership Dues pursuant to Invoice # _____. Dues payable for July 1 thru June 30 each year.

For _____ Other Fees pursuant to Invoice # _____

Make all checks payable to: River Oaks Community Association, Inc.

Mail to: River Oaks Community Association, P.O. Box 593863, Orlando, FL 32859