

ESTOPPEL REQUEST FORM

To Be filled out by Buyer / Title Company

PROPERTY ADDRESS: _____

OWNER/SELLER(S): _____

BUYER(S): _____

CLOSING DATE: _____ FILE NO: _____

CLOSING AGENT: (name) _____

(Company): _____ (Phone #): _____

PROCESSING FEES: We accept check, money order, cashiers check, or Zelle.

ESTOPPEL PROCESSING FEE: \$ 150.00 (Check enclosed or Alternative Payment Method: _____)

TRANSFER FEE (new owner): \$ 75.00 (Check enclosed or Alternative Payment Method: _____)

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 on second page.

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 mailed or emailed back to the person sending the request. Contact the email above for Zelle payment information.

This Section will be filled out by the Association

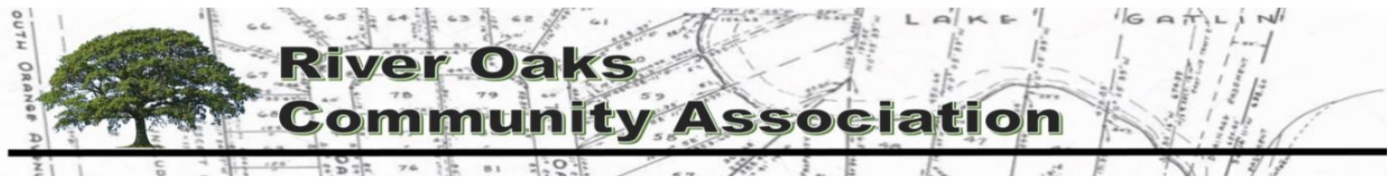
TYPICAL ASSOCIATION FEES: ANNUAL MEMBERSHIP DUES \$100.00 PER YEAR

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

ASSESSMENTS:

- Special Assessments \$ _____
- Capital Contribution \$ _____
- Other: _____
- There are no current assessments for this property

TOTAL DUE to River Oaks Community Association: \$ _____



Welcome to the River Oaks Community Association

NEW OWNER REGISTRATION: Buyer / New owners are required to register with the association.

New Owner Registration: *This information is to be filled out by the Buyer/NEW Homeowner*

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: *(Please check all that apply)*

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

No thank you, please don't print my contact information in the printed neighborhood directory.

PAYMENTS, IF APPLICABLE: Make all checks payable to: River Oaks Community Association, Inc. Mail to: River Oaks Community Association, P.O. Box 593863, Orlando, FL 32859. We also accept Zelle. Please contact the association at RiverOaks32809@gmail.com for more details.

By signing this document, you acknowledge that you have reviewed the Association Documents that were provided as part of your title or which are found on the association website at (www.RiverOaksCommunityAssociation.com see Tab [Dock/Links])

Owner 1 _____

Owner 2 _____

Signature

Signature

Date: _____

Date: _____