



Kinetic Property Management, LLC
You own the property and we own the headaches!
POB: 191041 Miami Beach, FL 33119-1041
www.KineticPropertyManagement.Miami
305.707.4604

Estoppel Request Instructions

1. Print all information legibly
2. If the Estoppel Request form is not properly completed, processing will be delayed
3. Email your requests to: Troy@KineticPropertyManagement.Miami
4. You may submit your own request form or use the form on page two (included)
5. All fees are non-refundable

[] Estoppel Service: \$250 per unit (10 business days processing time)

Payment MUST be in certified funds and payable & mailed to:
Kinetic Property Management, LLC
POB: 191041 Miami Beach, FL 33119-1041

Additional Services:

- [] Rush Service - \$100 per unit (3 business days processing time)**
[] Updated Estoppel - \$100 per unit (10 business days processing time)

Payment MUST be in certified funds and payable & mailed to:
Kinetic Property Management, LLC
POB: 191041 Miami Beach, FL 33119-1041

- [] Delinquent to the Association: \$150 additional per unit**
Payment MUST be in certified funds and payable & mailed to:
The Association's name
POB: 191041 Miami Beach, FL 33119-1041

5. Please provide the following:

Association Name: _____

Property Address: _____

Owner(s) Name: _____

Buyer(s) Name: _____

6. Please provide the following (location you would like to receive the Estoppel):

Name of requestor: _____

Mailing address: _____

Telephone (voice): _____

Email(s): _____



Kinetic Property Management, LLC
You own the property and we own the headaches!
 POB: 191041 Miami Beach, FL 33119-1041
 www.KineticPropertyManagement.Miami
 305.707.4604

Estoppel Form

Association Name: _____
Property Address: _____
Owner(s) Name (seller): _____
Buyer(s) Name: _____

Application Needed: [] Yes [] No Received: [] Yes [] No

Certificate of Approval Required: [] Yes [] No

Estoppel Letter Fee: \$ _____ Received: [] Yes [] No Date: _____

Assessment Amount: \$ _____ MO / QTR / SEMI / ANNUAL

Special Assessment Amount: \$ _____ MO / QTR / SEMI / ANNUAL

Special Assessment Dates: Begin: _____ Ends: _____

Special Assessment Purpose: _____

Current Account Balance: \$ _____

Delinquency Service: [] Yes [] No: \$ _____

Legal Monitoring: \$ _____

Special Assessment Pay off [] Yes [] No: SA 1: \$ _____

SA 2: \$ _____

Total Balance (payoff): \$ _____ Good Through: _____

Total Payable to Management: \$ _____ Certified funds and payable & mailed to:
 Kinetic Property Management, LLC
 POB: 191041 Miami Beach, FL 33119-1041

Total Payable to Association: \$ _____ Certified funds and payable & mailed to:
 The Association's name
 POB: 191041 Miami Beach, FL 33119-1041

Collection Policy: Grace Period: _____ Day Late Fee: \$ _____ Interest: _____

Association Contact/Payment Information:
 "Association Name" POB: 191041 Miami Beach, FL 33119-1041 Phone: 305.707.4604

-----Office Use Only-----

Request received: _____ Request completed: _____

Completed by: _____ Signature: _____