

# ESTOPPEL REQUEST FORM

Please complete the information listed below and either email the request and the legal property description to **PropertyOwners@AllianceTexas.com** or mail to the address listed below.

## Transaction Type

Sale \_\_\_\_\_ Refinance \_\_\_\_\_ Other \_\_\_\_\_ Closing Date: \_\_\_\_\_

## Property Information

Name of the Association: \_\_\_\_\_

Property Address: \_\_\_\_\_

Current Owner(s): \_\_\_\_\_

## Estoppel Requestor Information

Requestor Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Addressee Information

**Seller/Owner:** \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Buyer:** \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Other:** \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Please return the following:

- This form fully completed
- Check (\$250.00) made payable to the applicable Association
- Legal Property Description (with metes and bounds)

## Remittance Address:

AllianceTexas Associations  
c/o Stephanie Wright – Associations  
9800 Hillwood Parkway, Suite300  
Fort Worth, TX 76177

To return your request via email, please click **HERE** or email to [PropertyOwners@AllianceTexas.com](mailto:PropertyOwners@AllianceTexas.com) .