

Mailing Address:	PO Box 351676, Jacksonville,	FL 32235	
Overnight Address:	12758 Muirfield Blvd. South,	Jacksonville, FL 3222	5
Email Address:	<u>Diane@GorillaGroup.org</u>	Phone & Fax Line:	904-685-8948

## **Estoppel Request for Harbour Island Community Association**

Homeowner's	s Name:	Today's Date:	
Property Add	lress:		
	Contact Information	tion of Person Requesting	Information:
Law Firm/Title Company Name:		Estopp	el needed by 5:00 p.m. on
Contact at Firm:			Closing Date:
Phone Number:		Email Address:	
	Estoppel Fee Schedule: (All	orders must be pre-paid, p	payable to Gorilla Group)
□ \$250 □ \$350	Estoppel request completed Estoppel request completed		
□ \$100	Updated estoppel completed	d within 3 business days.	
			ested. Payment must accompany by credit card, complete the following:
Printed Name on Credit Card:		CVV/Security Code:	
Credit Card #:		Expiration Date:	
Billing Addre	ess including Zip Code:		
Total amount	t to be charged, plus 4%:	Signature:	
	arged or payment received on e Only: Emailed to client on		