



VILLAS OF WINDMILL POINT II POA., INC.

273 SW STERRETT CIRCLE, PORT ST. LUCIE, FLORIDA 34953-3325

WEBSITE: **VWP2.COM**

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(888 - 399-8972)

ESTOPPEL / PAYOFF REQUEST FORM (FORM #1-E) (rev. 11/14)

(1). A request is hereby made upon VWP2 for an Estoppel for the following villa unit address of:

(2). (Address #) _____ (3). (Street Name) : **SW** _____

ALSO KNOWN AS: [OPTIONAL] (4.) BLOCK # _____ (5.) LOT # _____ in VWP2.

(6). IN CONNECTION WITH A: (Check One): ___ Possible Sale; OR ___ Non or Pre-foreclosure payoff request;
OR; ___ Post Foreclosure payoff; OR ___ OTHER: _____

**** NOTICE** CURRENT OWNER AUTHORIZATION TO RELEASE INFORMATION IS REQUIRED****
****GENERIC LETTERS AND P.O.A.'s ARE NO LONGER ACCEPTED—MUST BE ON VWP2 FORM****

(7). _____ The current owner / COT holder has submitted the mandatory perquisite registration form below:
(Check One): ___ **Form #1-F (Foreclosing Lender)** ___ OR; **Form #1-NB**; OR ___ **Form #-1-B (New Buyer/Applicant)**
OR: ___ Other: _____ on: (Date): _____ and paid the registration fee.

(8). A complete statement and ledger breakdown (Check one) ___ IS; OR: ___ IS NOT needed or requested.

(9). The requestor is the: (Check one): ___ Owner; ___ Seller; ___ Rep/agent; ___ Buyer; ___ Lender; ___ Law Firm; OR
___ Title Co.; ___ Lien Search Co. (10). IS THIS FORECLOSURE RELATED? ___ Yes; OR; ___ No. ****IF NO, SKIP #11.**

**** (11). (Foreclosure related only):** When was foreclosure case commenced?: ___ Before; OR, ___ After JULY 1, 2008.

(12). The requestor's name is: _____ (13). Company: _____

_____ (14). Address: _____

_____ (15). Email: _____ (16).PH# _____

(17). A PAYOFF AMOUNT IS REQUESTED GOOD THRU THE DATE OF: _____,

(18). A VWP2 W-9 ___ IS; or ___ IS NOT REQUESTED AND NEEDED FOR PAYMENT OF POA FEE.

THE ESTOPPEL FEE MUST ACCOMPANY SUBMISSION OF THIS FORM:

Standard Processing (15 business days) \$150.00 Expedite Processing: +\$250.00

(19). Payment of ___ \$150 for standard, or ___ \$400 for expedited processing Is enclosed or attached by
Check or Money Order # _____; OR, ___ will be sent upon receipt of W-9 FROM POA.

(19). **BY: (Signed):** _____ (20) **DATED:** _____

(21). **PRINT NAME:** _____ (22). **Title:** _____

23. MAIL TO ADDRESS IN LETTERHEAD ABOVE. **DO NOT SEND OVERNIGHT WITH A SIGNATURE REQUIREMENT TO ABOVE ADDRESS!** IF DELIVERY CONFIRMATION IS NEEDED, PLEASE USE **USPS FIRST CLASS "PRIORITY MAIL"** (which NOW includes FREE TRACKING and confirmation) OR WAIVE your Signature requirement, OR EMAIL US TO MAKE ADVANCE ARRANGEMENTS FOR ALTERNATE MAILING ADDRESS. **OUR ONSITE OFFICE IS NOT STAFFED REGULAR HOURS!**