



Third-Party Authorization Form

Association: _____

Unit Owner(s): _____

Property Address: _____

Unit No.: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

I/We hereby authorize the person(s) named below to request and receive balance and payoff information regarding my account for assessments on the above-referenced property. I acknowledge and agree that, in accordance with Section 718.116(8), Florida Statutes (2011), I may be responsible for any fees assessed as a result of an estoppel certificate request in the event that the closing does not occur. This authorization does not expire until revoked by me.

Authorized Parties: Name: _____

Relationship to Owner: _____

Phone No: _____

Name: _____

Relationship to Owner: _____

Phone No: _____

Owner Signature

Owner Signature

Print Name

Print Name

Association Capital Recovery
14286 Beach Blvd. Suite 19-397
Jacksonville, FL 32250
888-925-0688