



HORSESHOE ACRES CLUB, INC.
P.O. BOX 33111
PALM BEACH GARDENS, FL 33418

REQUEST FOR ESTOPPEL CERTIFICATE

Property Address: _____ Lot: _____

Names(s) of Owners(s) _____

Names(s) of Buyer(s): _____

Closing date of purchase: _____

Date: _____
Owner (1) Signature

Date: _____
Owner (2) Signature

Title Agent Contact Information:

Name: _____ Email: _____ Phone: _____

Seller's Real Estate Agent Contact Information:

Name: _____ Email: _____ Phone: _____

Buyer's Real Estate Agent Contact Information:

Name: _____ Email: _____ Phone: _____

NOTE: A check for \$250.00 must accompany this Request payable to Horseshoe Acres Club. Requests for Certificates within three (3) days are subject to a \$100 rush fee.

---Below reserved for HAC administrative purposes ---

HAC Board Member Name and position _____

Signature of HAC Board Member _____

Receipt Date: _____ Issuance Date: _____

A PRIVATE EQUSTRIAN COMMUNITY