



Selling or Refinancing of Commercial Property including Apartment Complexes in the Las Colinas Development

The Las Colinas Association is the master Association for the Las Colinas Development. Anyone who purchases property within the deed restricted area of Las Colinas automatically becomes a member of and pays annual dues to the Association.

Estoppel Certificate, the current document processing fee that is due with the request is:

* Apartment Complex \$400.00

* Commercial Property –including a vacant tract \$200.00

* **One Update** – within 180 days of the original date of the document from the same title company at no charge or one-half of the original fee.

This document will state the annual assessment amount, period it covers, any delinquent monies owed and any problems pending against the property i.e.; if the property is not in compliance with the plans approved by the Architectural Control Committee or current Deed Restrictions. It also gives a current list of the Association's Board of Directors and the Architectural Control Committee. Upon completion, the certificate is emailed to the owner and owner's representative. The Association's owner of record is mailed a copy and the original may be picked up or sent by FedEx (provide label with request).

MAKE CHECKS PAYABLE TO THE LAS COLINAS ASSOCIATION OR
PAY WITH MASTERCARD OR VISA ONLINE AT WWW.LASCOLINAS.ORG

Attached is the Estoppel Certificate Request Form which provides the information we require to issue that document. All signed requests received along with the processing fee are processed as soon as possible.

Complete the request form then email or fax the signed request along with a copy of the payment for the document processing fee to me at the email address or fax number listed below. After emailing or faxing a Estoppel certificate request form, mail or deliver the original form, along with the processing fee, to the address below.

Visit our WEBSITE at www.LasColinas.org for additional information about The Las Colinas Association.

Please call me if you have any questions.

Sincerely,
Velma J. Martindale
Data Base Administrator
Las Colinas Association
3838 Teleport Boulevard
Irving, Texas 75039-4303
www.LasColinas.org
vmartindale@lascolinas.org
972.541.2345 ext: 227
972.717.9628 fax

ESTOPPEL CERTIFICATE REQUEST

Apartment Complexes/Commercial Properties



THE DOCUMENT PROCESSING FEE, DUE WITH THIS REQUEST IS CURRENTLY:

Apartment Complexes: **\$400**

Commercial Properties – including Vacant Tracts: **\$200**

One Update within 180 days of the original certificate date from the same Title company or One-Half of the Original Fee.

PAY WITH MASTERCARD OR VISA ONLINE AT www.LasColinas.org

OR MAKE CHECKS PAYABLE TO THE LAS COLINAS ASSOCIATION

INSTRUCTIONS: PLEASE TYPE OR PRINT TO ASSURE THE INFORMATION IS LEGIBLE. FILL OUT COMPLETELY (include correct mailing addresses) and SIGN (Owners or Owners Representatives signature required).

Send the completed request (include the document processing fee if paying by check) to the address listed below. Requests will be processed as soon as possible with our goal for completion within a 30-day period. Visit our WEBSITE at LasColinas.org for additional information.

Date: _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

| |
|------------------------|
| Attn: Velma Martindale |
| LCA# _____ |
| OFFICE USE ONLY |
| Revised: May 8, 2015 |

The certificate is addressed to the Title Co., Purchaser, and if provided the Lender, and copied to the Owner

OWNER or OWNER'S REPRESENTATIVE/AGENT MAKING THE REQUEST:

Name (Please TYPE or PRINT CLEARLY) _____

Company _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

The undersigned Owner or Owner(s) Representative or Agent requesting this Estoppel Certificate agrees to provide the Owner(s) with a copy of the document immediately upon receipt:

—————> SIGNATURE REQUIRED <————

The certificate is emailed to the Title Co. and Owner/Rep. Original Certificate Delivery Methods (Initial your choice):

Pick up: _____ FedEx: (Provide Label w/request) _____

TITLE COMPANY:

Name (Please TYPE or PRINT CLEARLY) _____

Company _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

General File Number _____ Closing Date _____

PROPERTY OWNER:

Owner Name (Please TYPE or PRINT CLEARLY) _____

Contact Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

A COPY OF THE ESTOPPEL WILL BE MAILED TO THE OWNER LISTED IN THE ASSOCIATION RECORDS.

PURCHASER/BUYER:

Buyer Name (Please TYPE or PRINT CLEARLY) _____

Contact Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

LENDER:

Company Name (Please TYPE or PRINT CLEARLY) _____

Contact Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

ESTOPPEL CERTIFICATE REQUEST