

**TITLE COMPANY / HOA - PAYOFF REQUEST**

**SELLER AUTHORIZATION FORM**

*(Must be filled out completely and sent to primary contact for association)*

This is a request for assessment payoff information related to the property described below. The payoff information should be current to the date it is provided unless otherwise indicated on the information provided.

**PERSON REQUESTING INFORMATION**

Title Company:	Title Company Address:
Telephone #:	Contact/Requestor Name:

**WHERE TO DELIVER PAYOFF INFORMATION**

Fax number or Email Address:
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**PROPERTY ABOUT WHICH PAYOFF INFORMATION IS REQUESTED**

Association Name:	Property Owner Name
Property Street Address:	City:
Lot/Unit #:	State/Postal Code:

I hereby authorize the Association/Manager/Agent to release and disclose a total payoff amount and related information for my property to the Requesting Party identified above. I FURTHER AGREE TO BE RESPONSIBLE FOR THE FEE CHARGED FOR PROVIDING THIS INFORMATION AND I AGREE THAT THE ASSOCIATION MAY ASSESS ME FOR FEES INCURRED IN PROVIDING THIS INFORMATION IN THE SAME MANNER AS ANY OTHER ASSESSMENT, IF THE FEES ARE NOT PAID WITHIN 10 DAYS OF ANY CLOSING OR WITHIN 90 DAYS OF THE DATE INFORMATION IS PROVIDED.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date