



Payoff Request Form

Please fill out form and **return with appropriate fee** ([click here to view fees](#))
to Community Development Department – Housing Division: 7525 NW 88 Avenue, Room 206, Tamarac, FL 33321

FROM:	TELEPHONE NO.:
Please prepare a payoff quote according to the following information. I understand that this request must be accompanied by written authorization from the borrower, and that the request and borrower authorization must be complete and accurate in order for me to receive a payoff statement. I understand that the payoff statement will be sent within seven (7) business days from the City receipt date.	
REQUEST DATE:	REASON FOR REQUEST (<i>Please Check One</i>): <input type="checkbox"/> Sale of Property <input type="checkbox"/> Refinance – Lender's Name: _____

Please Complete Contact Information:

REQUESTOR'S NAME:
LAW FIRM/SETTLEMENT AGENT:
TELEPHONE NO.:

Please Check One:

<input type="checkbox"/> Send Via E-mail:
<input type="checkbox"/> Send Via Fax:

Please Complete Borrower Information:

BORROWER NAME:
CO-BORROWER:
PROPERTY ADDRESS:
TELEPHONE NO.:

Borrower Authorization

I _____, certify that I am the person whose name appears below and that I am the homeowner of the following address: _____

I hereby authorize the above requestor to obtain payoff information on my loan.

I authorize The City of Tamarac to release said information to the requestor listed above. This authorization will remain in effect for 30 days. I understand that I may revoke this authorization at any time before the payoff information is disclosed, in writing, by mail, fax or e-mail. I further agree to release The City of Tamarac from any liability for providing this information.

SIGNED:	DATE:
PLEASE PRINT NAME:	