



## PAYOFF FORM

ALL INQUIRIES SURROUNDING THE COLLECTION OF YOUR DELINQUENT ACCOUNT SHOULD BE MADE IN WRITING. IN AN EFFORT TO ASSIST YOU, THIS FORM MAY BE UTILIZED BY YOU TO REQUEST A PAYOFF / ESTOPPEL FIGURE. PLEASE READ THE ENTIRE FORM AND PROVIDE ALL NECESSARY INFORMATION SO THAT YOUR REQUEST MAY BE PROPERLY PROCESSED.

THIS LAW FIRM IS DEEMED A "DEBT COLLECTOR" UNDER THE FAIR DEBT COLLECTION PRACTICES ACT. WE ARE ATTEMPTING TO COLLECT A DEBT, AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Select One:

Agent       Attorney       Mortgage       Owner

### YOUR CONTACT INFORMATION

First:		Last:	
Mailing address:		City, State:	ZIP Code:
Home Telephone: (    )	Work Telephone: (    )	In addition to mail, click on the check box(es) above to indicate how else you would like to receive the requested information?  <input type="checkbox"/> Fax Number <input type="checkbox"/> Email	
Cell Telephone: (    )	Fax Number: (    )		
Email Address:			

### THE PROPERTY INFORMATION

Association Name:		
Mailing address:	City, State:	ZIP Code:
KS Reference No.: (Although the KS Reference No. is not required, providing it would help use process your request quickly and can be found on any of the KG letters regarding this account.)		

By clicking on the Submit Via Email button below, I hereby request a Written estoppel (Payoff) Figure. I understand that my request will be processed within 5-7 business days and that a written estoppel letter will be provided to me by mail at the address appearing above. I understand that I will be charged for the preparation and mailing of the requested written estoppel letter and that the payoff figure provided in the written estoppel letter I will receive shall take the place of any previous payoff information provided to me. I hereby acknowledge that Kahan Shir does not represent me in this or any other legal matter, and has provided no legal advice to me regarding same. If I have questions of a legal nature surrounding the collection of my account, I must contact my own attorney.



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### THE PAYMENT PLAN DETAILS

I hereby request to be considered for a payment plan whereby I will pay back the entire delinquent balance (including all applicable late fees, interest, past due assessments, assessments which come due during the pendency of the plan, attorneys' fees and costs) over the following number of months:

Please select the number of months you are requesting.

3 months      4 months      5 months      6 months

Upon approval of the requested payment plan, I will remit the sum indicated to the right as a good faith partial payment to be applied to my delinquent account. I hereby acknowledge that this partial payment does not represent full settlement of my account and that acceptance of the partial payment by the Association or any of its agents does not constitute an estoppel, novation or waiver of any kind. I hereby acknowledge that acceptance of this partial payment by the Association or any of its agents does not necessarily mean that my proposed payment plan has been accepted.

Please enter the amount of the good faith payment you will make upon approval of the requested payment plan. \$

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