



P. O. Box 365  
Captiva, FL 33924

Phone: 239.472.2472 Fax: 239.472.0037  
Email: mycepd@mycepd.com

## PAYOFF REQUEST FORM

Instructions: Payoff Requests must be submitted in writing on this form with a check for \$100.00. All Requests will be responded to within 2 business days of receipt of this form and payment. The completed form will be returned to you via facsimile. Send the Payoff Request Form and check (made payable to Captiva Erosion Prevention District) to CEPD, PO Box 365 Captiva, FL 33924. Or you may deliver them in person to 11513 Andy Rosse Lane, Suite 4, Captiva, Florida.

### *To be Completed by the Requestor*

**Date of Request:** \_\_\_\_\_ **Date of Closing:** \_\_\_\_\_

**Request Made By:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Return Fax #:** \_\_\_\_\_

**Existing Property Owner (s):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**STRAP #** \_\_\_\_\_

### *To be Completed by CEPD*

**Payoff Amount:** \_\_\_\_\_ **If Paid on or before:** \_\_\_\_\_

**Note:** If closing is delayed beyond date of payoff above, contact CEPD immediately to see if a payoff adjustment applies.

\_\_\_\_\_

Signature

Title

Date