



*Community Redevelopment Agency
Neighborhood Improvement Program*
400 South Federal Highway
Hallandale Beach, FL 33009

PAYOFF REQUEST FORM AND INSTRUCTIONS

**FAX (954) 457-1335
HAND-DELIVER TO CRA, USE CITY HALL UTILITIES DROP BOX
OR MAIL**

ALL BLANKS MUST BE FILLED. IF NOT APPLICABLE, ENTER N/A. ONE PAYOFF REQUEST PER FORM. MULTIPLE REQUESTS REQUIRE MULTIPLE FORMS.
PLEASE ALLOW FIVE WORKING DAYS FROM DATE SUBMITTED FOR RESPONSE.

DATE: _____ NIP LOAN NO. _____

PROPERTY ADDRESS: _____ Hallandale Beach, FL 33009

FOLIO NUMBER: _____

PROPERTY OWNER(S): _____

AGENCY REQUESTING PAYOFF INFO: _____

ATTENTION: _____

FAX: _____

PHONE: _____

PAYOFF LETTER WILL BE FAXED UNLESS FOLLOWING MAIL REQUEST INFORMATION IS COMPLETED. (Check if applicable)

_____ Mail to: _____

ADDITIONAL INFORMATION: _____

Hallandale Beach CRA, Code Compliance Division or City Manager reserves the right to adjust or change at any time with no prior notice any of the guidelines on this form.