



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

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## PAYOFF REQUEST FORM AND INSTRUCTIONS

**EMAIL: [FPHINN@COHB.ORG](mailto:FPHINN@COHB.ORG) , HAND-DELIVER TO CRA, USE CITY HALL UTILITIES DROP BOX, OR MAIL TO ADDRESS ABOVE (ATTN: CRA)**

- ALL BLANKS MUST BE FILLED IN. IF NOT APPLICABLE, ENTER N/A.
- ONE PAYOFF REQUEST PER FORM. MULTIPLE REQUESTS REQUIRE MULTIPLE FORMS.

**PLEASE ALLOW FIVE BUSINESS DAYS FROM DATE SUBMITTED FOR RESPONSE.**

DATE: \_\_\_\_\_ LOAN NO. \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ Hallandale Beach, FL 33009

FOLIO NUMBER: \_\_\_\_\_

PROPERTY OWNER(S): \_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_

AGENCY REQUESTING PAYOFF INFO: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

\_\_\_\_\_ Mail to: \_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

***Hallandale Beach CRA Executive Director reserves the right to adjust or change at any time with no prior notice any of the guidelines on this form.***