

**REQUEST
FOR
TENANT ESTOPPEL
SUBORDINATION NON-DISTURBANCE AND ATTORNMENMENT AGREEMENT (SNDA)**

This is a request for:

State Lease Number: _____
Facility Address: _____
City: _____

- Tenant Estoppel (\$250.00 fee)
- SNDA (\$250.00 fee)
- Both (\$400.00 fee)
- Payment attached. *Please note that executed documents will not be released until payment has been received.*

Requested By:

Name _____
Address _____
City: _____
Contact: _____
Phone: _____
Fax No: _____

Explanation:

- Refinance
- Purchase of leased Property in process requested on behalf of new owner (Prospective Purchaser)
Prospective Purchaser's Name/Address:

- Purchase of leased Property completed, Requested on behalf of new owner
- Other: _____

Lender:

Name: _____
Name: _____
Address: _____
City: _____
Contact: _____
Phone & Fax: _____

Provide the Name and Address of Entity if the requested documents are to be sent somewhere other than the Lender.

Name _____
Address: _____
City: _____
Contact: _____
Phone & Fax: _____

SEND REQUEST AND PAYMENT TO:

**Department of Enterprise Services
Financial Office
Attention: Rita Taipale
1500 Jefferson Street S.E., 6th floor
Olympia, Washington 98504-1008**

Contact: robin.atwood@des.wa.gov or
Phone: (360) 407-9308
Fax: (360) 586-9088

cathy.schilling@des.wa.gov
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