



REQUEST FOR TENANT ESTOPPEL SUBORDINATION NON-DISTURBANCE AND ATTORNMENT 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: (Please indicate purpose)

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., 3rd floor
Post Office Box 41460
Olympia, Washington 98504-1460

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

OR

cathy.schilling@des.wa.gov
(360) 407-9307
(360) 586-9088