



SOLEIL MANAGEMENT

7200 S. Las Vegas Blvd. Ste A Las Vegas, NV 89119*Ph:(800)-775-8463*Email: Contracts@soleilmanagement.com

Maintenance Fee Demand Form Request

I, _____, would like to submit this written
(Name)

request for a Maintenance Fee Demand form also known as an Estoppel for the following account:

(Property)

(Account Number)

(Full Name Owner #1)

(Full Name Owner #2)

Please send me a copy via:

Fax: _____

Email: _____

Standard Mail: _____

(Signature)

(Date)

(Signature)

(Date)



7200 S. Las Vegas Blvd. Suite A • Las Vegas, Nevada 89119 • Phone: (702) 933-5988 • Fax: (702) 939-4470

Relation Verification

Identity Form

Date: _____

Pages: _____

Resort _____

Account Number _____

ALL PERSONS ARE REQUIRED TO SPECIFY NAME, ADDRESS, CONTACT NUMBER, EMAIL, AND THE RELATION TO EACH PARTY AND PROVIDE PHOTO IDENTIFICATION IN ORDER TO ACCEPT AS SUFFICIENT RELATION IDENTIFICATION FOR REVIEW.

Owner Name _____

OwnerAddress _____

OwnerCity/State/Zip _____

Owner Email / Phone # _____

Relation to Buyer/New Owner _____

Owner Name _____

OwnerAddress _____

OwnerCity/State/Zip _____

Owner Email / Phone # _____

Relation to Buyer/New Owner _____

Buyer/New Owner Name _____

Buyer Buyer/New Owner Address _____

Buyer Buyer/New Owner City/State/Zip _____

Buyer Buyer/New Owner Email/Phone # _____

Relation to Owner _____

Is the buyer/New Owner a Current Owner of Soleil Management: Yes No

Account Number: _____

Buyer/New Owner Name _____

Buyer Buyer/New Owner Address _____

Buyer Buyer/New Owner City/State/Zip _____

Buyer Buyer/New Owner Email/Phone # _____

Relation to Owner _____

Is the Buyer/New Owner a Current Owner of Soleil Management: Yes No

Account Number: _____

Signature of Owner _____

Date _____

Signature of Buyer _____

Date _____

Signature of Owner _____

Date _____

Signature of Buyer _____

Date _____



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Transfer of Membership Acknowledgement

Soleil Management, LLC received a copy of a deed transferring a timeshare interval to you. In order to expedite the transfer of membership, please confirm the following information:

Account No.: _____ First Use Year: _____

Resort: _____ Unit: _____

New Owner Information

Name(s): _____

Address: _____

Phone:_(_____)_____ _-(_____)_____

Email: _____

New Member Signature Date

New Member Signature Date

Upon completion of the above information, please sign and return to Soleil Management, LLC at the address or email below. Thank you for your prompt attention!

Regards,



Contracts Department / Soleil Management

7200 Las Vegas Blvd South Ste A Las Vegas NV 89119

☎ 702-933-5988 ✉ reservations@soleilmanagement.com

"We At Soleil Management Take Pride In Always Providing The Highest Quality Service."