

Title/Closing Request Form

- Please complete this form and FAX it to: (866) 651-9742
- ➤ If you have any questions, contact our National Desk at: (866) RES-TITLE / (866)-737-8485
- ➤ Items marked with an asterisk (*) are <u>required</u>. We cannot process your form without that information.
- You can also complete this form on our website: www.res-title.com

*Phone:			*Fax:
Processor: Phone:			Fax:
	☐ I do not have a processor		
Loan Officer's Name:			
Phone: Email:			Fax:
Property Information			
*Property Address:			
*City/Town:			
*State:			Zip Code:
*Tax Parcel ID #:			
Borrower Information			
*Borrower 1 Last Name:			*First Name:
Social Security #:			
Work Phone:		Cell:	
Home Phone:		Fax:	
Borrower 2 Last Name:			First Name:
Social Security #:			
Work Phone:		Cell:	
Home Phone:		Fax:	

Loan Information				
Lender Name/Mortgagee:	Loan ID #:			
Address: Lender Phone:	Lender Fax:			
Loan Type:				
Liens, Mortgages, and Other Debts to be Paid				
(3)	Account: Account: Account: Account:			
Seller Information				
Seller 1 Last Name: _ Social Security #: _ Phone:	Fax:	First Name:		
~ **				
Social Security #: _	Fax:	First Name:		
Realtor Information				
Company: _		First Name:		
	Fax:			
Company: _ Phone: _	Fax:	First Name:		
Estimated Closing				
Estimated Closing Date: _		_		
Special Instructions, Comments				

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