

Closing Request Form

To: Real Estate Department Fax: 232-2306

Closing Date: _____ Loan Type: _____

Seller: _____

Telephone: _____ (home) _____ (his work) _____ (her work)

Listing Agent: _____ @ _____ (Phone) _____ (Fax)

Property Address: _____

Legal Des.: _____

Contract to Follow: YES or NO Purchase Price: \$ _____

Loan Amount: \$ _____ Owner's Title YES or NO

Purchaser: _____

Telephone: _____ (home) _____ (his work) _____ (her work)

Selling Agent: _____ @ _____ (Phone) _____ (Fax)

Do I need to order Termite Letter? YES or NO Co. Preference: _____

Do I need to order Survey? YES or NO Company Preference: _____

Pay-Off? Mortgage Co.: _____ Account #: _____

Phone #: _____

Mortgage Co.: _____ Account #: _____

Phone #: _____

Homeowners Ins.: _____ Agent: _____ Phone #: _____

Septic Approval Required? _____

Thank you!

Sent by: _____

Phone: _____

Fax: _____