

900 West Granada Blvd. Suite 2 Ormond Beach, Florida. 32174 Phone: 386-672-3840 Fax: 386-868-0245 REALTY PRO TITLE

Email: title@realtyprotitle.com

Title Request Information Form

Agents kindly **provide this as a cover sheet for your Sales Contract**. If you provide all the information requested, we will assure you a prompt and accurate closing.

Property Information:		
Property Address 1:		
Property Address 2:		
City:	State:	Zip:
Legal Description:		
Purchase Price \$		_
Deposit: \$		_ Held By:
Estimated Closing Date:		Type of Closing: □Mail-Away □Realty Pro Title Office
Sellers Information:		
Name:		
Mailing Address		
Address 1:		
Address 2:		
City:	State:	Zip:
Email:		
Phone (Home):	Cell:	Other:
Current Mortgage Holder:		Loan #
SS#		
Listing Agent:		Phone:
E		O construit of

Name:			
Mailing Address			
Address 1:			
Address 2:			
City:	State:	Zip:	
Email Address:			
Phone (Home):	Cell:	Other:	
Selling Agent:		Phone:	
Email:		Commission:	
Lending Institution:		Phone:	
Loan Amount:		Loan Officer:	

Buyers Information: