



LAW OFFICE OF NORMAN C. POWELL
17100 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FLORIDA 33162
FASCIMILE: 786-279-1607
TELEPHONE: 786-279-1603

REQUEST FOR REAL ESTATE CLOSING SERVICES

DATE: _____ TELEPHONE: _____

CONTACT: _____ FAX#: _____

COMPANY: _____

BORROWER(S): _____

PROPERTY ADDRESS: _____

SELLER(S): _____

(Please make sure to include a copy of the contract)

NEW LENDER: _____ LOAN AMOUNT: _____

MORTGAGEE CLAUSE: _____

SELLER'S 1ST MTG. HOLDER: _____

LOAN NUMBER: _____ PHONE: _____

SELLER'S 2ND MTG. HOLDER: _____

LOAN NUMBER: _____ PHONE: _____

S.S. # NUMBER(S): _____

LEGAL DESCRIPTION

LOT/UNIT: _____ BLOCK: _____ PB/OR BOOK: _____ PAGE: _____

SUBDIVISION/CONDO: _____ FOLIO/PARCEL#: _____

SERVICE REQUESTED

- | | |
|--|---|
| <input type="checkbox"/> TITLE COMMITMENT | <input type="checkbox"/> HAZARD/FLOOD/WINDSTORM INSURANCE |
| <input type="checkbox"/> SURVEY/ELEVATION | <input type="checkbox"/> CONDO/HOMEOWNER'S ESTOPPEL |
| <input type="checkbox"/> CLOSING PROTECTION LETTER | <input type="checkbox"/> INSURANCE CHANGE (IF REFINANCE) |
| <input type="checkbox"/> PAYOFFS | <input type="checkbox"/> PEST INSPECTION |
| <input type="checkbox"/> O&E (ERRORS & OMISSIONS) | <input type="checkbox"/> ROOF INSPECTION |

PLEASE INCLUDE BORROWER'S AUTHORIZATION, SS#, ACCOUNT #, AND LENDER CONTACT IF WE ARE REQUESTING MORTGAGE PAYOFFS

TO ORDER INSURANCE PLEASE INCLUDE THE FIRST TWO PAGES OF APPRAISAL AND FIRST PAGE OF 1003