



Total Title Solutions

Closings Made Simple

Phone: (727) 796-7600 Fax: (727) 796-1533

info@mytotaltitle.com

DATE: ____/____/____ Closing Date: ____/____/____ Prior Owner's Policy: YES / NO (circle one)

Loan Officer: _____ Phone: _____

E-mail _____

Loan Processor: _____ Phone: _____

E-mail _____

Borrower's Information

Borrower: _____ E-mail: _____

Home Phone: _____ W: _____ Cell _____

Co-Borrower: _____ E-mail: _____

Home Phone: _____ W: _____ Cell _____

Property Information

Property Street Address _____

City _____ State _____ Zip Code _____

County: _____

Mailing Address (if different from property address)

Street Address _____

City _____ State _____ Zip Code _____

LOAN AMOUNT: _____ Loan #: _____

Lender: _____ Clause: _____

Address: _____

Phone: _____ Fax: _____

First Mortgage: _____ Phone: _____

Payoff Amount: _____ Loan#: _____

Second Mortgage: _____ Phone: _____

Payoff Amount: _____ Loan#: _____

Hazard Insurance: _____ Phone: _____

Flood Insurance: _____ Phone: _____

Additional Information

Would you like us to order survey? ____yes ____no

NOTES: _____
