File #: _____

AUTHORIZATION TO OBTAIN INFORMATION

Owner(s): _____

Property Address: _____
_____
_____

I/We, the above Owner(s), hereby grant permission to the title agency, Land Title & Closing Services, LLC to obtain any and all information necessary to process the closing documents for the sale / mortgage of the property shown above.

This information includes, but is not limited to payoff statements for all outstanding mortgages, judgments, and tax liens, if any. It may also include letters or statements regarding pending special assessments, property taxes, or utility readings.

It is understood that a photocopy, facsimile, or electronically transmitted copy of this form will serve as authorization.

_____

Owner Signature | Date | Social Security Number

_____

Owner Signature | Date | Social Security Number

Forwarding Address: _____

_____

Phone Number: _____

Mortgage Holder: _____
Loan Number: _____
Address of Lender: _____
Lender Phone / Fax No. _____

Second Mortgage Holder: _____
Loan Number: _____
Address of Lender: _____
Lender Phone / Fax No. _____
Property Tax Key Number: