

Title Request Form

From (Name and Address):	Date: _____
Name and Address of Borrower:	NTS Sales Representative:
Name and Address of Seller:	Name and Address of Seller:
Borrower Phone: (H): _____ (M): _____	Seller Phone: (H): _____ (M): _____
Loan Amount:	Sale Price:
Property Address: Street _____ _____ City _____ State _____ Zip _____	Property Type (Please Select One) <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Condo <input type="checkbox"/> PUD
Occupancy Status (Please Select One): <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	Loan Purpose (Please Select One): <input type="checkbox"/> Purchase <input type="checkbox"/> Cash-Out Refi <input type="checkbox"/> No Cash-Out Refi
Mortgagee (Lender):	
Attachments: (If Applicable) <input type="checkbox"/> Survey <input type="checkbox"/> Contract <input type="checkbox"/> Warranty Deed <input type="checkbox"/> Title Insurance Requirements <input type="checkbox"/> Prior Policy	
Estimated Closing Date:	Remote Closing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Instructions:	