

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: | |