

TITLE/ESCROW ORDER REQUEST FORM

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**Heights Title Agency, Inc**

3365 Richmond Road Suite 230 Beachwood OH 44122

216-839-0800 phone / 216-839-0807 fax

Date: \_\_\_\_\_ Order Number: \_\_\_\_\_

Please check one: \_\_\_purchase/w lender \_\_\_refinance \_\_\_CASH purchase

Loan Type: \_\_\_conventional \_\_\_FHA \_\_\_VA \_\_\_203k \_\_\_commercial \_\_\_REO

Property Address: \_\_\_\_\_

Permanent Parcel Number: \_\_\_\_\_

SELLER's Name and Address: \_\_\_\_\_

Contact number and email address: \_\_\_\_\_

Social Security Number: (for payoff/lien release) \_\_\_\_\_

BUYER'S Name and Address: \_\_\_\_\_

Contact number and email address: \_\_\_\_\_

Social Security Number: (for payoff/lien release) \_\_\_\_\_

LISTING AGENT and company name and address: \_\_\_\_\_

Contact number and email: \_\_\_\_\_

SELLING AGENT and company name and address: \_\_\_\_\_

Contact number and email: \_\_\_\_\_

LENDER name and address: \_\_\_\_\_

Contact name, number and email address: \_\_\_\_\_

REQUIREMENTS: Commitment \_\_\_ Loan Policy \_\_\_ Owner's policy \_\_\_ Title Guaranty \_\_\_

Endorsements: please circle one: EPA COMP ARM OTHER: \_\_\_\_\_

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