

## TITLE ORDER REQUEST

To: Empire Title	Closer:
Attn: Order Desk	Sales Rep:
Fax #: (719) 884-5	304
Date:	
Loan Information: (	)HEP ( )REFINANCE ( )SECOND ( ) OTHER
Borrowers Name(s)	<b>:</b>
Social Security #(s)	:
Property Address:	
Legal Description:	
Or Schedule #:	
Loan Amount:	<b>\$</b>
Commitment Due D	ate: Closing Date:
Commitment Due D	closing Date
ENDORSEMENTS:	( ) Form 100 ( ) Form 8.1 ( ) Form 100.29
	( )Tax Certificate ( ) Other
PAYOFF INFORMATION: Please Order Payoff ASAP.	
Lender 1:	
Phone #:	
Lender 2:	
Loan #:	
SEND ORIGINAL TO:	