

TOUCHDOWN ABSTRACT SERVICES, INC

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Lora A. Rosenthal, President*

TITLE ORDER FORM

CHECK ALL THAT APPLY:

() Purchase () Refinance

Date of Order: _____ Purchase Price: _____

Report due by: _____ Mortgage Amt: _____

Requestor: .

Attention:

Phone:

Fax:

Borrower/Purchaser: _____ Socail Security #: _____

Borrower/Purchaser Atty: _____

Property Address: _____

Town/City: _____

Dist: _____ Sec: _____ Blk: _____ Lot(s) _____

Lender: _____

Lender Attorney: _____

Loan Amount: _____ Purchase Price: _____

Lender's Atty: _____ Phone No: _____

Seller: _____ Socail Security #: _____

Seller's Attorney: _____

PLEASE ADVISE IF THE FOLLOWING ADDITIONAL SEARCHES REQUIRED:

_ **Bankruptcy** _ **Certificate of Occupancy** _ **Survey** _ **Street**

_ **Sewer** _ **Emergency Repair** _ **Fire**

PLEASE ATTACH THE FOLLOWING DOCUMENTS IF AVAILABLE:

DEED SURVEY CURRENT TITLE REPORT/POLICY TAX BILLS 1033