



55 West Central Avenue Springboro, OH 45066

Ph. (937) 748-3600 Fax (937) 748-3680 www.republic-title.com

TITLE REQUEST

Company: _____ **Loan Officer:** _____

Phone: _____ **Fax:** _____

Lender: _____ **Loan Amount:** _____

Phone: _____ **Fax:** _____

Loan Type: 1st _____ 2nd _____ **Purchase** _____ **Land Contract** _____

Borrower(s): _____

Social Security Nos.: _____

Home Phone: _____ **Work Phone:** _____

Property Address: _____

City: _____ **State:** OH / KY **Zip:** _____ **County:** _____

Seller(s) _____

Should Republic Title Agency order your payoffs? YES / NO

Lender: _____ **Account #:** _____

Phone: _____

Lender: _____ **Account #:** _____

Phone: _____

Lender: _____ **Account #:** _____

Phone: _____

Special Instructions: _____

If payoffs are requested, please send borrower's written authorization. If this is a purchase, please send contract.