



## Title Order Request

To: **STRUCTURE TITLE SERVICES, INC.**  
7401 Wiles Road, Suite 114  
Coral Springs, FL 33067  
Phone: (954) 509-3752 Fax: (877) 503-7227  
E-mail: [Info@structuretitle.com](mailto:Info@structuretitle.com)

From: \_\_\_\_\_  
Date: \_\_\_\_\_

Purchase     Refinance

The following information and items are forwarded in connection with this transaction:

Warranty Deed                       Insurance  
 Prior Title Policy  
 Prior Survey  
 Contract

**BUYER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Marital Status \_\_\_\_\_

**SELLER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Marital Status \_\_\_\_\_

### Please Order:

- Survey/Elevation Certificate
- Insurance Certificate
- Termite and/or roof inspection

### Property Information

Address \_\_\_\_\_

### Realtors

Listing Agent \_\_\_\_\_ Phone: \_\_\_\_\_  
Company \_\_\_\_\_

Selling Agent \_\_\_\_\_ Phone: \_\_\_\_\_  
Company \_\_\_\_\_

Condo/HOA  yes or  no

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Payoff Information

Lender \_\_\_\_\_ Phone# \_\_\_\_\_  
Loan# \_\_\_\_\_

### New Lender Information

Mortgagee clause \_\_\_\_\_  
Phone \_\_\_\_\_  
New Loan Amt \$ \_\_\_\_\_