



Law and Title Professionals

**OPEN TITLE REQUEST: REFINANCE**

**Your Contact Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Property Information**

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

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Borrower Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Co-borrower Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Lender Information**

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Loan Information**

Loan Amount: \_\_\_\_\_

Primary Residence: \_\_\_\_\_ Investment: \_\_\_\_\_

Cash-Out: \_\_\_\_\_ No Cash-Out: \_\_\_\_\_

Estimated Close Date: \_\_\_\_\_

Additional Comments:

**TO SEND YOUR TITLE REQUEST FORM**

FAX (512) 328-8268

OR

EMAIL: MKUBENA@CESHKERGROUP.COM