

CLOSING REQUEST FORM

TITLE NO.: _____

DATE OF CLOSING: _____ **TIME OF CLOSING:** _____

LOCATION OF CLOSING: _____

CLOSING REQUESTD BY: _____

FROM THE OFFICE OF: _____

ALTA REQUIREMENTS:

ENDORSEMENTS: 8.1 _____ **NEW YORK** _____ **WAIVER** _____

OTHER ENDORSEMENTS: _____

POLICY: \$ _____ **LOAN POLICY: \$** _____

PURCHASER'S/MORTGAGOR'S NAME: _____

LENDER'S NAME: _____

YOUR NAME: _____ **DATE:** _____

THANK YOU FOR YOUR COOPERATION.

**PLEASE COMPLETE AND FAX BACK TO: (516) 794-2726, ATTENTION CLOSING
DESK.**

**PLEASE CONTACT THE CLOSING DESK AT (516) 794-9100 EXT. 880 TO CONFIRM
THAT THE CLOSING REQUEST FORM HAS BEEN RECEIVED AND THE CLOSING
IS SCHEDULED.**