APPLICATION FOR TITLE INSURANCE SOUTHERN TIER TITLE AGENCY 548 BROADWAY - P.O. BOX 1500

MONTICELLO, NY 12701 TEL: (845) 791-7777 FAX: (845) 791-7785

Date:
Applicant:
Address:
Phone:
Fax:
Please provide the following:
1. First Page of Contract
2. Deed Liber & Page
3. Copy of Survey, if any
4. Prior Title
5. Copy of Tax Bills
FEE AMOUNT: \$MORTGAGE AMOUNT: \$
PRESENT OWNER:
PROPERTY LOCATION:
PROPERTY TYPE: RESIDENTIAL COMMERCIAL VACANT
TOWN: COUNTY:
TAX MAP NO.:
BUYER:
LENDER:
LENDER'S ATTORNEY
ADDRESS:
PHONE:FAX:
SELLER'S ATTORNEY
ADDRESS:
PHONE: FAX:
SURVEY: SURVEY ENDORSEMENT: PERSONAL INSPECTION
ENDORSEMENTS:
MUNICIPALS & VIOLATION SEARCH
BANKRUPTCY SEARCHES
FLOOD HAZARD SEARCHES