

INFORMATION FORM

REQUESTOR INFORMATION

First Name _____ Last Name _____

Company (if applicable) _____

Email Address _____

Phone Number ____ - ____ - ____ Fax Number ____ - ____ - ____

TRANSACTION INFORMATION

Type:

Sale - Lender Sale - No Lender Refinance Construction Loan

Desired Closing Date ____ / ____ / ____

PROPERTY INFORMATION

Property Address

Street _____

City _____ State ____ ZIP _____

Municipality _____

County _____

Parcel # IDS _____

Property Type

(select all that apply)

Single Family Home

Investment Property

2nd Home

Condominium

Planned Unit
Development (PUD)

New Construction

Vacant Lot

Multi Parcel Sale

Other (Please explain)

LENDER INFORMATION

Lender Name _____

Special Instructions: _____

Fax or email this form and your Sales Agreement and/or Lender Title request to your desired closing office as follows:

Pittsburgh Office

412-594-5619

pittsburgh@taressettlement.com

Harrisburg Office

717-232-6802

harrisburg@taressettlement.com