

REQUEST FOR PAYOFF/REINSTATEMENT FORM

MORTGAGE COMPANY NAME: _____

LOAN NUMBER: _____

BORROWER(s) NAME: _____

PROPERTY ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

HOW WOULD YOU LIKE FIGURES SENT?

Check one

Email:

Mailed to property address:

DATE OF REQUEST: _____

DATE OF SCHEDULED FORECLOSURE SALE (if known): _____

COUNSEL CONTACT INFORMATION (if applicable): _____

OTHER INFORMATION

IF YOU ARE NOT THE BORROWER, STATE YOUR RELATIONSHIP TO THE BORROWER AND FAX A WRITTEN AUTHORIZATION BY THE BORROWER TO (360) 406-6642.