



Tel: 561-721-3450
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7731 N. Military Trail, Suite 4
Palm Beach Gardens, Florida 33410
e-mail: "palmbeachttitle@pbttitle.net"

Attn:

Fax:

INFORMATION RELEASE FORM

Date: _____

To Whom It May Concern:

Please be advised that I/we hereby authorize PALM BEACH TITLE SERVICES to request on my/our behalf, any documents that will assist in my current transaction.

The name(s) and signature(s) of all parties involved are as follows:

Signature of Debtor

Signature of Co-Debtor

Printed Name of Debtor

Printed Name of Co-Debtor

SS#: _____

SS#: _____

****Please be advised that I/we are aware of a possible fax fee. Please amend your estoppel letter to reflect your fee, if applicable****

I/we understand that the following liens, mortgages and/or other outstanding debts will be paid in full at closing:

Name of 1st Mortgage Holder: _____

Account #: _____

Phone #: _____ Fax #: _____

Name of 2nd Mortgage Holder: _____

Account #: _____

Phone #: _____ Fax #: _____