



170 Rollins Ave, 1st Floor Rockville, MD 20852
 Phone: 240-425-0008 | Fax: 240-425-0014

Title Request Order Form	
Please email request to: settlements@michaelstitle.com or fax to: 240-425-0014	
Date:	Contact:
Phone:	Fax:
Processor's:	Closer's Name:
Loan Officer:	Loan Officer's Cell Phone:

Borrower's Information:	
Borrower:	Co-Borrower:
SSN:	SSN:
Phone:	Phone:
Work Phone:	Work Phone:
Email:	Email:

Borrower's Information:	
Borrower:	Co-Borrower:
SSN:	SSN:
Phone:	Phone:
Work Phone:	Work Phone:
Email:	Email:

Property Information:			
Address:			
City:	State:	Zip:	County:
Payoff Information:			
1st Trust Lender:		2nd Trust Lender:	
Account #:		Account #:	
Address:		Address:	
Phone:		Phone:	

Loan Type:	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 1st & 2nd	<input type="checkbox"/> Refinance	<input type="checkbox"/> Purchase
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Tentative Closing Date:	Place:
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New Lender Name:	Loan Officer:
Phone:	Lender Fax:
New Lender Address:	