## Open Title Request Form

Date:	Seller Name:
Attn: Independence Title  Escrow Officer:	Phone:
	Email:
RE: Request to open title work	Listing Agent:
	Phone:
	Email:
I will be selling my property located at:	
Please open title work on this property as so close at Independence Title. Before we recei	oon as possible because I will request any contract submitted to ve a contract on the property, I want to be sure that there are hat would cause Independence Title to be unable to insure this
There may be a potential title issue centered	d around the following (if none known, put NA):
property.	opy of the prior Owner's Title Policy and prior survey of the
Please let us know if you need any additiona	al information to process this request.
Sincerely,	
X	X

Please sign and print names above to show how title is currently held.

