



Chicago Title

CT File#

Closing Date

Closing Office

Contact Name

Contact #

REALTOR CLOSING INFORMATION REQUEST

Property Address: _____

State: _____ Zip: _____

Notes: _____ City: _____

Seller/Owner: _____ Co-Seller/Owner: _____

Buyer: _____ Co-Buyer: _____

Is Chicago Title preparing the Deed? Yes No Who is preparing the deed? _____

| Purchase Price: \$ | COSTS: | Vendor | Amount | Buyer or Seller |
|--|------------------------|--------|-------------------------|---|
| Earnest Money: \$ _____ | Survey: _____ | _____ | \$ <input type="text"/> | <input type="checkbox"/> B <input type="checkbox"/> S |
| Deduct Earnest Money from Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No | Termite: _____ | _____ | \$ <input type="text"/> | <input type="checkbox"/> B <input type="checkbox"/> S |
| Commission Splits: <input type="checkbox"/> % of SP <input type="checkbox"/> Flat Rate \$ | Water: _____ | _____ | \$ <input type="text"/> | <input type="checkbox"/> B <input type="checkbox"/> S |
| LA %: _____ LA \$: _____ | Septic/Well: _____ | _____ | \$ <input type="text"/> | <input type="checkbox"/> B <input type="checkbox"/> S |
| SA %: _____ SA \$: _____ | Home Inspection: _____ | _____ | \$ <input type="text"/> | <input type="checkbox"/> B <input type="checkbox"/> S |
| Administrative Commission (if appl) \$ _____ | Home Warranty: _____ | _____ | \$ <input type="text"/> | <input type="checkbox"/> B <input type="checkbox"/> S |
| | Closing Cost: _____ | _____ | \$ <input type="text"/> | <input type="checkbox"/> B <input type="checkbox"/> S |
| | HOA: _____ | _____ | \$ <input type="text"/> | <input type="checkbox"/> B <input type="checkbox"/> S |
| | | _____ | \$ <input type="text"/> | <input type="checkbox"/> B <input type="checkbox"/> S |
| | | _____ | \$ <input type="text"/> | <input type="checkbox"/> B <input type="checkbox"/> S |

Please send Chicago Title any invoices, surveys, home warranties, etc.

Mortgage Payoff(s) _____

Chicago Title to Order Yes No If Yes, please attach appropriate Authorization letters for Chicago Title to order payoff(s).

Lender/Finance Co: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Listing Brokerage: _____ REALTOR: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Selling Brokerage: _____ REALTOR: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____