

SELLER'S AUTHORIZATION FORM

To Request Information from Third Parties

I/we hereby authorize **Action Title Services** to obtain copies of prior Owner's Title Insurance policies, surveys and/or payoff figures on any outstanding mortgage loan, homeowner's/condominium association liens, judgments or any outstanding debts I/we may have at this time as they may pertain to the timely closing of a real estate transaction regarding the below referenced property.

A photocopy, scanned or facsimile transmission of this form will serve the same purpose as an original authorization.

Seller Name (please print)

Seller Name (please print)

Seller's Mailing Address

Property Address (if different from above)

Seller's Signature

Seller's Signature

Date

Date

Please return this form to us at your earliest convenience:
Action Title Services, 3733 Tamiami Trail North, Naples FL 34103
Email: customerservice@actiontitlenaples.com Fax: 239-262-8664