



Escrow/Title Company Inquiry Form

Help us expedite your request for a: (check one box)

- ...Demand Letter Release of Lien
...Matured Installment Subordination

Please provide the following information:

Your Company's

Name: _____
Street Address: _____
City, State and Zip Code: _____
Phone Number: _____
FAX Number: _____
Escrow Number: _____
Contact Person's Name: _____

Your Client's

(To avoid mistaken identity, please do not copy information from abstract)

Full Name: _____
Social Security Number: _____
Date of Birth: _____
Driver's License Number: _____
Property Address: _____

Remarks/Comments: _____

Please FAX completed form, a copy of the Abstract of Support Judgment(s), and a copy of the borrower's Authorization to Release Information to:

Orange County Department of Child Support Services
ATTENTION: Demand Team
fax (714) 347-8175