



## 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