



**First American Title**

First American Title Insurance Company  
512 4th Avenue, Suite 102  
Longmont, CO 80501  
(303)834-3614  
Fax -

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize the release of any information requested by First American Title related to the sale/refinance/closing of the property referenced below, including, but not limited to, payoff statements and homeowner's association information.

A photocopy/facsimile of my signature may be relied upon as though it was my original signature.

**Property Address:**

RE: Mortgage Payoff, HOA and Utility information

1st Mortgage Lender: \_\_\_\_\_

1st Mortgage Loan Number: \_\_\_\_\_

2nd Mortgage Lender: \_\_\_\_\_

2nd Mortgage Loan Number: \_\_\_\_\_

HOA Name & Management Co(s)/phone(s):  
\_\_\_\_\_

Water & Sewer Utility / Storm Drain:  
\_\_\_\_\_

Forwarding Address:  
\_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

Will you be in town to attend the closing? YES \_\_\_\_\_ NO \_\_\_\_\_

If you will not attend the closing, please answer the following questions:

Will the closing require a power of attorney (SELLER): YES/NO: \_\_\_\_\_ Name of power of attorney: \_\_\_\_\_

OR

Will the closing documents need to be mailed to you in advance: YES/NO \_\_\_\_\_

If Yes, please confirm your preferred method to receive the documents: MAIL or EMAIL or NOTARY SIGNING\* (\*may be additional expense)

Additional Information: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Sign above

\_\_\_\_\_  
Sign above

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

SS #: \_\_\_\_\_

SS #: \_\_\_\_\_

**Requested information should be forwarded to the Company, per its instructions, at the following address:**

First American Title Insurance Company, 512 4th Avenue, Suite 102, Longmont, CO 80501

Phone: (303)834-3614 / Fax:

EMAIL TO: ljacobs@firstam.com / jengelking@firstam.com