

Law Office of Sean P. O'Sullivan, PLLC
84 New Dorp Plaza Ste 206, Staten Island, NY 10306
718-650-4700 Fax 718-228-6683
www.IslandLawFirm.com/SettlementOrderForm

SETTLEMENT ORDER FORM

Broker: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____ Email: _____

Type of Loan: (Purchase/ ReFinance) Primary Residence: (Yes/No)

Borrower: _____

Subj Prop: _____

Loan Amount: \$ _____ Neg Am: (Yes/ No)

Lender: _____

Contact (AE/ Loan Coordinator) _____

Phone: _____ Fax: _____ Email: _____

Will There be a change in title at closing? (Yes/ No)

If no, who will be on title at closing: _____

Target Closing Date: _____

Please also forward a copy of the Commitment and title report to our office. If the title report is not yet available, please forward the name and phone number for the title company.

If you would like to have our office order title, please contact our office or note this on the form.

Fax report to 718.228.6683 or email this form to NatCityTitle@IslandLawFirm.com