



# PINNACLE SETTLEMENT SERVICES, INC.

## Request for Information

**Please complete the following information and return to our office as soon as possible. It may be faxed to 866.441.4667 or 301.441.4683 or emailed to: info@pinnaclesettlements.com.**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Will all sellers be attending settlement? \_\_\_\_\_ If not, please contact our office to make arrangements.

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_

### Mortgage Information:

#### First Mortgage

Name of Mortgagor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Second Mortgage

Name of Mortgagor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Homeowners/Condo Association Dues: Yes [  ] No [  ]

Name of Agent: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

We hereby give our consent for the release of any and all payoff figures regarding liens against the referenced property.

\_\_\_\_\_  
Signature Date Signature Date

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