



**941 W. Morse Blvd. Suite #100
Winter Park, FL 32789**

Please fax to: 321-214-4501 ATT: Jonathan Loew or e-mail to: order@loewandloew.com

Client: _____ Email: _____

Current Date: _____ Due Date: _____ Closing Date: _____

Owner's Policy AMT (sales price): _____

Owner's Policy Type: _____ (Standard or Extended)

ALTA Loan AMT (1st): _____ SF ___ Ext. ___ Std. ___

ALTA Loan AMT (2nd): _____ SF ___ Ext. ___ Std. ___

Seller/Grantor: _____ Buyer/Grantee: _____

Property Street Number: _____ Street Name: _____

County: _____ City: _____ State: ___ Zip Code: _____

Mortgagee: _____

Contact: _____

Phone: _____ Fax: _____ E-mail: _____

Buyer's Realtor: _____

Phone: _____ Fax: _____ E-mail _____

Settlement/Closing Services Required: ___ Loew and Loew to order Survey: ___

Title Insurance: _____ Search Only: _____

Legal Description:

SPECIAL REQUESTS:

