

Statewide Abstract Corp.

REQUEST FOR PREPARATION OF ACRIS DOCUMENTS

TITLE NUMBER: _____

DATE: _____

A COPY OF THE DEED MUST BE SUBMITTED WITH THIS FORM. PARTY NAMES AND ADDRESSES MUST MATCH E-TAX FORMS.

IF COOPERATIVE TRANSACTION, A FULL COPY OF CONTRACT WILL BE NEEDED.

1. PROPERTY ADDRESS:	
2. SALE PRICE:	
3. BLOCK:	
4. LOT:	
5. COUNTY:	
6. SELLERS NAME :	
7. SELLERS ADDRESS :	
8. SELLERS SSN#'S :	
9. PURCHASERS NAME (S):	
10. PURCHASERS ADDRESS:	
11. PURCHASERS S.S.#:	
12. SELLERS ATTORNEY:	
13. ATTORNEYS ADDRESS:	
14. ATTORNEYS PHONE #:	
15. PURCHASERS ATTORNEY:	
16. ATTORNEYS ADDRESS:	
17. ATTORNEYS PHONE #:	
18. CONTRACT DATE:	
19. DATE OF TRANSFER:	
20. TYPE OF DWELLING:	
21. COMMENTS	