

# ATTORNEY JACK LAPOMARDO

## MASSCONN TITLE

### TITLE AND CLOSING REQUEST FORM

Phone: 413-497-2070 Fax:413-497-2080

Email: Jack@MassConnTitle.com

#### CONTACT INFORMATION:

Contact name: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Billing address: \_\_\_\_\_

#### TITLE REQUEST:

Estimated Closing date: \_\_\_\_\_

Date title needed by: \_\_\_\_\_

Current Owner: \_\_\_\_\_

Property address, City, State, Zip: \_\_\_\_\_

Current deed book and page: \_\_\_\_\_

Additional questions, comments or pertinent information: (i.e. is the property in an estate, has one of the owners passed away, pending foreclosure, short sale, is the subject property part of a multiple parcel deed, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like MassConn Title to write the title insurance policy?      YES      NO

Would you like MassConn Title to perform the closing?      YES      NO

Would you like MassConn Title to handle the recording?      YES      NO

**WE REQUIRE 48 HOURS NOTICE PRIOR TO CLOSING OR RECORDING. WHEN YOU GET YOUR "C.D." CONTACT US.**