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# REQUEST FORM

abstractservices.com

**Fill out form completely to ensure quick response**

Date: _____	Phone: _____
From: _____	Fax: _____
Branch: _____	Email: _____
GF#: _____	Job: _____

## REQUESTING INFORMATION ON THE FOLLOWING

Address: \_\_\_\_\_

Legal: \_\_\_\_\_

County: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Property Tax Account #: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> 24 MONTH CHAIN                     | <input type="checkbox"/> MAP COPIES  |
| <input type="checkbox"/> 50 YEAR CHAIN                      | <input type="checkbox"/> NOTHING FURTHER CERTIFICATE (\$150.00)                  |
| <input type="checkbox"/> ABSTRACTORS CERTIFICATE (\$350.00) | <input type="checkbox"/> TITLE REPORT (\$500.00) - RESIDENTIAL                   |
| <input type="checkbox"/> ADJOINERS                          | <input type="checkbox"/> OWNERSHIP & ENCUMBRANCE REPORT (\$150.00)               |
| <input type="checkbox"/> CPL (\$350.00) - RESIDENTIAL       | <input type="checkbox"/> PROPERTY LIEN SEARCH (NFC) (\$150.00)                   |
| <input type="checkbox"/> DEED (\$25.00)                     | <input type="checkbox"/> SURVEY SUPPORT (OWNERSHIP & ENCUMBRANCES ONLY \$250.00) |
| <input type="checkbox"/> DOCUMENT COPIES                    | <input type="checkbox"/> OTHER _____   |

**\*\*Please Note: All prices are for parcels under 5 acres\*\***

COMMENTS: \_\_\_\_\_

**INVOICE INFORMATION: \*Must be completed to process your request.**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (street, city, state): \_\_\_\_\_

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

### PAYMENT BY CREDIT CARD

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Amount to charge:\$ \_\_\_\_\_ Employee's Signature: \_\_\_\_\_