

# *First Jersey Title Services, Inc.*

*Agent for  
First American Title Insurance Company*

*P.O. Box 2525 (25-00 Broadway) Fair Lawn, New Jersey 07410  
(201) 791-4200 Fax (201) 791-9050*

*www.firstjerseytitle.com*

*Scott A. Penqué  
President*

*David E. Penqué  
Vice President*

## **OWNER'S/FEE POLICY WAIVER FORM**

Commitment No. \_\_\_\_\_

We the undersigned hereby acknowledge the we have contracted with First Jersey Title Services, Inc. to issue a Title Insurance Policy insuring the Mortgagee/Lender in connection with the above captioned commitment.

We also acknowledge that we have been given the option and right to obtain an Owners/Fee Title Insurance Policy for ourselves and hereby waive said option/right.

Date: \_\_\_\_\_

Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness Attorney at Law

Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_