

# *First Jersey Title Services, Inc.*

25-00 Broadway, PO Box 2525 Fair Lawn, NJ 07410

phone: 201-791-4200 fax: 201-791-9050

[www.FirstJerseyTitle.com](http://www.FirstJerseyTitle.com)

## APPLICATION FOR TITLE SERVICES

Office of: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Commitment  Present Owner Report  Full Report  Business Search

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

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

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

Tax Lot No: \_\_\_\_\_ Tax Block No: \_\_\_\_\_

Condo Name: \_\_\_\_\_ Unit No: \_\_\_\_\_ Bldg. No: \_\_\_\_\_

Purchaser: \_\_\_\_\_

\_\_\_\_\_ Maiden Name: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Mortgage Amt: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

\_\_\_\_\_ Variable Rate  Construction  Other Endorsements: \_\_\_\_\_

First Jersey to act as Settlement Agent:  YES  NO Estimated closing date: \_\_\_\_\_

Back Title:  Attached  To Follow  FJTS Back Title  None Available Order Flood:  Yes  No

Survey:  Yes  To Be Furnished  Use Existing  Waived  TBA  "No Survey" Endorsement

Corporate Status  Franchise Tax Report  Certificate of Standing  Certificate of Formation

State UCC's  Other: \_\_\_\_\_

Send copy to: \_\_\_\_\_

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

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

Send copy to: \_\_\_\_\_

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

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

Special Notes / Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_