

# Title and Closing Order Request for PCU Title

2401 North McKnight Road, North St. Paul, MN 55109, 651-773-2830

Please fax request to 651-747-1818

From: \_\_\_\_\_  
Loan Officer: \_\_\_\_\_  
Loan Processor: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_

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### Requested Closing Information

Closing Date: \_\_\_\_\_ Closing Time: \_\_\_\_\_ AM or PM  
Closing Office (circle one): North St. Paul Woodbury West St. Paul Hugo Eagan Other: \_\_\_\_\_

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### Property Information

Street Address: \_\_\_\_\_ # of Units: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Property Type: \_\_\_\_\_ 1-4 Fam Inv: YES or NO

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### Loan Information

Loan Number: \_\_\_\_\_ Loan Purpose: Refinance or Purchase  
Loan Type: \_\_\_\_\_ Loan Term: \_\_\_\_\_  
Estimated Value: \$ \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_  
Loan Rate: \_\_\_\_\_ Mortgage Insurance: YES or NO Govt. Case#: \_\_\_\_\_

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### Borrower Information

Name(s)	Social Security #'s	Home Phone	Work Phone
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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### Payoff Information

Existing Mtg. Lender: \_\_\_\_\_ Loan# \_\_\_\_\_ Phone: \_\_\_\_\_  
Existing Mtg. Lender: \_\_\_\_\_ Loan# \_\_\_\_\_ Phone: \_\_\_\_\_  
Existing Mtg. Lender: \_\_\_\_\_ Loan# \_\_\_\_\_ Phone: \_\_\_\_\_

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### Realtor Information

Buyers Realtor Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Real Estate Company: \_\_\_\_\_

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### Type of Title Policy Needed: 2006 ALTA Policy with plat drawing

\_\_\_ ALTA form 4 (Condo Unit)                      \_\_\_ ALTA form 5 (PUD)  
\_\_\_ ALTA form 6 (ARM)                            \_\_\_ ALTA form 7 (Manufactured Home)  
\_\_\_ ALTA form 8.1 (EPA)

Additional requirements: \_\_\_\_\_  
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