

MASSACHUSETTS TITLE AND ESCROW SERVICES, INC.

MORTGAGE PAYOFF REQUEST

PRESENT LENDER: _____

LENDER'S PHONE NUMBER: _____

ACCOUNT NO.: _____

PROPERTY ADDRESS: _____

Please fax payoff information on the above loan good to _____
to Massachusetts Title And Escrow Services, Inc. FAX NUMBER: 508-
291-4053. Please call 508-291-4050 if you have any questions.

Borrower

Social Security Number

Co-borrower

Social Security Number

Please fill out and return to our office in the enclosed envelope as soon as possible.

HOMEOWNERS INSURANCE INFORMATION

NAME ON POLICY _____

NAME OF AGENT _____

PHONE NO.: _____

NAME OF CARRIER: _____

AMOUNT OF COVERAGE: \$ _____

POLICY PERIOD: FROM _____ TO: _____

ANNUAL PREMIUM: \$ _____

Please complete and return to our office in the enclosed envelope as soon as possible