KANKAKEE COUNTY TITLE CO.

Title Work Application

202 N. Schuyler Ave., Suite 101
Kankakee, IL. 60901
Phone:815-933-8525
Fax:815-936-3953

If available, please attach previous title or reference previous KCTC File #_____

Order Date: _____ Date needed by: _____ New File #:_____

Product Type: ___Commitment ___Tract Search ___Later Date

Transaction Type: Sale (**TRID** _____ **HUD** _____ **OR Cash** ____) Refi (**TRID** _____ **HUD**_____) ___Search Only

Property Type: ___Investment Property (1-4 units) ___Owner Occupied ___Acreage ___Commercial

Endorsements: ___Survey/Location ___PUD ___CONDO ___ARM/Balloon

PIN(s) #:_____

Address of Property: _____

Legal: _____

Owners Policy $ _____ Mortgage Policy $_____

*Seller: _____ Buyer: _____

*Seller: _____ Buyer: _____

Owner Address: _____ Buyer Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Broker: _____ PH: _____

Ordered by: _____ Lender: _____

Email: _____ Address: _____

Phone: _____ Email: _____

Seller's Attorney: _____ Phone: _____

Address: _____ Buyer's Attorney: _____

Phone: _____ FAX: _____ Phone: _____ FAX: _____

Email: _____ Email: _____

Listing Agent: _____ Selling Agent: _____

Co. Address: _____ Address: _____

Phone: _____ FAX: _____ Phone: _____ FAX: _____

Email: _____ Email: _____

Target/Tentative Closing: Where: _____ DATE: _____@_____ O'clock

(**PLEASE CALL OR EMAIL THE CLOSING DEPARTMENT TO SET THE CLOSING****)**

*Please indicate if any parties in title are deceased or have changed their name since taking title_____

**Fax purchase agreement (Sales Contract) to 815-936-3953