

FILE #: _____

CITY OF RAYTOWN
TITLE SEARCH FORM
COMPLETE TOP OF FORM AND FAX
816-737-6142

CIRCLE ONE: SELL REFINANCE FORECLOSURE

TITLE COMPANY NAME: _____

CONTACT NAME: _____

FAX # _____ PHONE # _____

PROPERTY OWNER: _____

SITUS ADDRESS: _____

CLOSING DATE: _____

CLOSING TITLE COMPANY: _____

CONTACT NAME AND NUMBER OF CLOSING AGENT: _____

THROUGH DATE FOR SEWER SERVICE PAYOFF: _____

THIS SECTION TO BE COMPLETED BY:
City of Raytown

SEWER ACCOUNT # _____ Weeds \$ _____

NAME: _____ ADDRESS: _____

AMT DUE \$ _____ THRU DATE: _____

TOTAL DUE ON ALL ACCOUNTS, INCLUDING WEEDS: \$ _____

COMMENTS: _____

NOTE: PLEASE REMIT PAYMENTS TO CITY OF RAYTOWN,
WITHIN TWO (2) WEEKS OF CLOSURE. RETURN A COPY OF THIS FORM WITH
PAYMENT TO INSURE PROPER CREDIT. IF YOU HAVE QUESTIONS, PLEASE
CALL 816-737-6080

City of Raytown
10000 E 59th St., Raytown, MO 64133

DATE FAXED TO TITLE COMPANY: _____ PAGE _____ OF _____