



219 South 10<sup>th</sup> Street, Suite D  
Lemoyne, PA 17043  
Phone: (717) 975-3311 Fax: (717) 975-3399

## Closing Request Form

Please fax to (717) 975-3399 or email [docs@completeclosingservices.com](mailto:docs@completeclosingservices.com) at least 48 hours prior to closing time.

### Borrower Contact Information

Borrower (1): \_\_\_\_\_ Borrower (2): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Closing Information

Closing Date: \_\_\_\_\_ Closing Time: \_\_\_\_\_

Location of Closing: Address: \_\_\_\_\_  
 Customer Home  
 Realtors' Office  
 Brokers' Office  
 CCS Office

Is Loan Officer Attending Closing? (YES)(NO) Phone # at Closing Location: \_\_\_\_\_

Circle One: (Purchase)(Refinance)(Construction) Piggyback 2<sup>nd</sup>? (YES)(NO) Non-Owner Occupied? (YES)(NO)

### Paid and Due on HUD

Homeowners  
 Please attach Invoice  
Appraisal  
 Please attach Invoice

Special Instructions: \_\_\_\_\_

Preferred Closer: \_\_\_\_\_

To Be Complete By Title Staff – For purchases only...

Seller Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Buyer Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_