



Complete Title Services of Southeast Michigan, LLC

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COMMERCIAL TITLE SERVICES REQUEST

Requested by:

Phone:

Contact:

Fax:

File Number:

Email:

Type of Project:	<input type="checkbox"/> Refinance	<input type="checkbox"/> Purchase	<input type="checkbox"/> New Construction
Type of Policy:	<input type="checkbox"/> Owner's Policy	<input type="checkbox"/> Lender's Policy	<input type="checkbox"/> Title Search Only
Policy Amount:	\$	\$	Attach prior policy if available*

Property Name (if applicable):		
Owner's Name:		
Property Address:		
City or Township:	County:	
Type of Property:	<input type="checkbox"/> Unimproved Land	<input type="checkbox"/> Industrial / Warehouse
	<input type="checkbox"/> Office	<input type="checkbox"/> Retail
	<input type="checkbox"/> Residential	<input type="checkbox"/> Other:
Parcel ID Number(s):		
Legal Description:		
Notes:		

