



COMMERCIAL TITLE SERVICES REQUEST

Requested by contact name:

Phone:

Company name:

Fax:

File Number (if applicable):

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:	Phone/Email:	
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:		
Purchaser Name:	Phone/Email:	
Notes:		

Lightning Title LLC - 1537 East Hill Rd, Suite 100, Grand Blanc, MI, 48439

Phone: 810-252-9456 - Email: customerservice@lightning-title.com