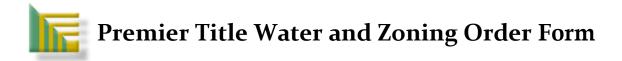
Please indicate which certificates yo	u need o	rdered		
Water Certificate:	YES		NO	
Zoning Certificate:	YES		NO	
Property Address:				
Property Index Number (PIN):				
Type of Property:				
Closing Date:				
Please specify how many deeds you	will be re	ecordir	ng:	
Please note a water certificate need	s to accor	mpany	every de	eed that needs to be recorded
Is this an Exempt deed?	`	YES	or	NO
If yes, please provide reason deed	is exempt:	:		
Access Name and Phone Number:				
Buyer Information				
Buyer(s) Name:				
Address:				
Phone Number:				
Buyer's Attorney Name/Pho	ne Numb	er:		
<u>Seller Information:</u>				
Seller(s) Name:				
Address:				
Phone Number:				

All orders can be faxed to (847) 386-8973 or e-mailed to collateralservices@premier-title.com



Zoning Information

Zomily mornidation			
Number of Dwelling Units at the Property:			
If property is a multi-unit, please indicate advise the placement of units:			
Please note below any additional information:			