

# ESQUIRE LAND SERVICES, LTD

160 SUMMIT AVE #205 MONTVALE, NJ 07645 TEL: 845-578-9700 FAX: 917-565-9400

## CO-OP LIEN SEARCH ORDER FORM (REFINANCE)

### Property Information:

Street Address: \_\_\_\_\_

Unit Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Co-op Corporation: \_\_\_\_\_

### Transaction Details:

Loan Amount: \_\_\_\_\_

Name of Borrower(s): \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Borrower Atty: \_\_\_\_\_ Lender Atty: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Addtl. Reports to: \_\_\_\_\_ Addtl. Reports to: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for your order!*

### Internal use only:

Applicant: \_\_\_\_\_

Tel #: \_\_\_\_\_

Email: \_\_\_\_\_

Search #: 14-ESQ- \_\_\_\_\_

Date of Order: \_\_\_\_\_

Account Rep: \_\_\_\_\_