



# CHICAGO TITLE INSURANCE COMPANY

- 3340 Walnut Ave. #100  
Fremont, CA 94538  
Phone: (510) 742-0800  
Fax: (510) 742-0600
- 43480 Mission Blvd. #270  
Fremont, CA 94538  
Phone: (510) 979-1952  
Fax: (510) 979-1953

**ATTN: LOSS MITIGATION DEPT.**

RE: PAYOFF LOAN NUMBER# \_\_\_\_\_ DATE: \_\_\_\_\_

ESCROW# \_\_\_\_\_

ESCROW OFFICER: \_\_\_\_\_

LOCATE NUMBER: \_\_\_\_\_

BORROWER(S): \_\_\_\_\_

\_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

## **SHORT SALE AUTHORIZATION**

Dear Loss Mitigation Department,

Please be advised that an offer for my property located at: \_\_\_\_\_

may be submitted. I have listed the Property with \_\_\_\_\_

and will be providing all of my information to **Chicago Title Company** for them to act as closing agent for this real estate transaction. I hereby authorize the release of any information verbal and/or written statements pertaining to the sale of this property to be ordered by **Chicago Title Company**.

**It is understood that a copy of this form will be recognized as an original authorization.**

Borrower's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Loan #: \_\_\_\_\_