

TITLE SEARCH REQUEST FORM

TO: RECEPTION AT VICKI PHILIPPOFF SETTLEMENTS

DIRECT FAX: 6311 4864 or email info@vickiphilipoff.com.au

REQUESTING PARTY: _____

COMPANY:

**FAX BACK TO
Or
EMAIL BACK TO**

TELEPHONE:

Search Type Required – Please Indicate:

- | | |
|--|--|
| <input type="checkbox"/> Certificate of Title | <input type="checkbox"/> Strata Plan (if applicable) |
| <input type="checkbox"/> Caveat (if applicable) | <input type="checkbox"/> Covenants (if applicable) |
| <input type="checkbox"/> Management Statement/Bylaws (if applicable) | <input type="checkbox"/> Current Owner Information |

Other; _____

Owner Full Name; _____

Address; _____

Suburb/Town; _____

Lot Number; _____ Strata Plan/Diagram/Plan No; _____

Volume; _____ **Folio;** _____

Nearest Cross Street; _____

Job Number; _____ Time Ordered; _____

The requesting party hereby undertakes that they have authority to make this request on behalf of their company. The requesting party acknowledges and agrees to pay Vicki Philipoff Settlements the cost of the Title Search, together with an administration fee, upon receiving an invoice for services rendered in accordance with the Settlement Agents Act.

Requesting Party Signature:..... Date:.....