

NEWTON LAW FIRM OF CLEMSON, LLC

104 Pinnacle Street (29631) * P.O. Box 1539 (29633)
Clemson, South Carolina * (864)654-6042 * (864)653-3305 fax
closing@rnewton.com

AUTHORIZATION TO RELEASE INFORMATION

I/We are in the process of refinancing property. As part of this process, the attorney may obtain payoff statements, insurance or other information in connection with this loan, sale or refinance.

A photographic or facsimiled copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply is appreciated.

Owner s Signature

Social Security Number

Co-Owner s Signature

Social Security Number

Date: _____

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## CLOSING INFORMATION FOR ATTORNEY

Regarding Property located at: \_\_\_\_\_

### **OWNER INFORMATION:**

Name(s): \_\_\_\_\_

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

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

Insurance Office/Agent: \_\_\_\_\_

Phone No: \_\_\_\_\_

Policy# \_\_\_\_\_

### **1<sup>st</sup> MORTGAGE PAYOFF INFORMATION:**

Lender: \_\_\_\_\_

Account #: \_\_\_\_\_

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

### **2<sup>nd</sup> MORTGAGE PAYOFF INFORMATION:**

Lender: \_\_\_\_\_

Account #: \_\_\_\_\_

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

