

The Law Office of
Sherman & Calla
LLP

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Please complete and sign this form and return it to us as soon as possible.
FAX: 781-583-0508 EMAIL: closings@shermancalla.com

Borrower Name(s) _____

Property Address _____

IF YOUR PROPERTY IS A CONDOMINIUM UNIT:

Condominium Association Name _____

Telephone No. _____

OUTSTANDING MORTGAGES:

(1) Lender Name _____
Account No. _____
Lender Tel. No. _____

(2) Lender Name _____
Account No. _____
Lender Tel. No. _____

HOMEOWNER'S INSURANCE

Insurance Agent _____
Tel No. _____

BORROWER AUTHORIZATION

The undersigned hereby authorizes you to provide The Law Office of Sherman & Calla, LLP any and all information and documentation that they may request, such information includes, but is not limited to payoff requests of current mortgage loans; homeowners insurance information; bank, money market and similar account balances; credit history; and copies of income tax returns.

Signature _____ Social Security No. _____

Signature _____ Social Security No. _____