

Please fax completed form to **904-357-1008**

CENTRAL FLORIDA – AFFILIATED AGENCY SETTLEMENT FORM All fields are required unless noted otherwise.	
First Name:	
Last Name:	
Contact Phone:	
Email Address:	
Current Address:	
<i>(if applicable)</i>	
Current City:	
Current State:	
Current Zip:	
TRANSACTION INFO	
Year of transaction: <i>(yyyy)</i>	
Was this a:	<input type="checkbox"/> Refinance <input type="checkbox"/> Sale
If this was a sale, were you the:	<input type="checkbox"/> Buyer <input type="checkbox"/> Seller
PROPERTY INFO	
Property Address:	
<i>(if applicable)</i>	
Property City:	
Property State:	Florida
Property Zip:	
Property County:	
HUD-1 INFO	
Do you have a copy of your HUD-1?	<input type="checkbox"/> Yes
HUD-1 File Number:	
Title Company:	
If HUD-1 is unavaible, what office did you go to for your closing?	
Closing Office:	