"The" Disclosure Report

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Street:	Suite # City:	State: CA Zip:			
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Phone:	Fax				
Method of Delivery					
Escrow: E-mail	Requestor:				
Mail Choose ONLY one: Requestor	tor Escrow # OF COPIES:				
Subject Property Information					
Street:					
City:	State:	Zip:			
	County:				
Multiple APNs require multiple reports.					
Current Owner's Name:					
Buyer's Name					
Billing Information					
Bill through credit card:	Credit card number:				
Amex MCVisa	ID number (3 or 4 digits, on back of card)				
Expiration date:	Name on card:				
Bill through escrow					
Escrow Number:	Escrow Officer:				
Escrow Company:					
Escrow Address:					
City:	State: C.	A Zip:			
Escrow E-mail:					
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