

# Refinance application

**Amount of Loan:**

**Owner(s) Name:**

**Address of Property:**

District:  
Section:  
Block:  
Lot:

**Lender Name:**

Phone Number:  
Fax Number:

**Attorney for  
Lender(s)**

Street Address:

City/State/Zip:

Phone Number:

Fax Number:

**Applicant**

Name:

Street Address:

City/State/Zip

Phone Number:

Fax Number:

Email Address:

**On this transaction I am the:**

Borrower's Attorney

Borrower

Lender

Lender's Attorney

**Attorney for Borrower**

Name:

Street Address:

City/State/Zip

Phone Number:

Fax Number:

Email Address:

**Survey:**

I have a survey

Please locate a survey and inspect

No survey required

Please order new survey

**Departmental Searches**

Certificate of Occupancy

Street Report

Full Departmentals

*Additional comments or notes:*

Upon Completion of this form please forward it to Omni Title Agency  
via... email, or fax for prompt response and personable service.

IF THIS IS A REFINANCE WITHIN TEN YEARS, YOU MAY BE ENTITLED TO A REDUCED PREMIUM.  
CONTACT THIS OFFICE IMMEDIATELY

Omni  Title  
Agency

475 SUNRISE HIGHWAY, WEST BABYLON, N.Y. 11704  
PHONE: 800-287-OMIT • 631-669-2273 • 516-621-1100 • 212-682-0600 • FAX: 631-669-2577