

**AUTHORIZATION AND REQUEST FOR THE RELEASE OF ESCROW FUNDS**

---

Property Address:

---

Best Homes Title File Number:

---

Date keys were exchanged: \_\_\_\_\_

SELLER(S):

---

Date: \_\_\_\_\_

Mail any unused seller occupancy to the following address:

---

\*\*\*\*\*

PURCHASER(S):

---

Date: \_\_\_\_\_

Mail used occupancy funds to the Purchaser to the following address:

---

Please return the completed form to Best Homes Title Agency.

MAIL: **Best Homes Title Agency, LLC**

FAX: **248-286-3801**

EMAIL: **customerservice@besthomestitle.com**

*Best* **HOMES**  
TITLE AGENCY, LLC  
*www.BestHomesTitle.com*