

TOWN OF PARADISE

5555 Skyway * Paradise, California 95969 FAX: 872-5914 Attn: Kate Anderson Phone: 872-6291x122

First Time Homebuyer Program

Escrow Information Sheet

Realtor Information

Real Estate Office:				
Address:				
Realtor Name:				
Phone Number:			ł	FAX Number:
Cell Number:			I	E-Mail Address:
Applicant Information				
Buyer's Name:				
Address of Property Being Purchased:				
Property is:		Vacant over 90 days	ſ	Owner Occupied
Escrow Information				
Title Company:				Escrow #:
Street Address:				City:
Escrow Officer:				_ E-Mail Address:
Phone Number:	_			_ FAX Number:
Date Escrow Opene	d: _			_

Realtor: This document to be submitted to Town of Paradise within 5 days of Escrow Opening