



1170 W. Pioneer Parkway
 Arlington, Texas 76013
 Telephone: (817) 860-0100
 Facsimile: (817) 860-0200
 Website: www.preciseland.com
 Email: order@preciseland.com

REQUEST FORM

CONTACT:		DATE:	TIME:
FIRM:		<input type="checkbox"/> ASAP <input type="checkbox"/> RUSH <input type="checkbox"/> SUPER RUSH	
FIRM ADDRESS:		DUE DATE:	
FIRM PHONE/FAX:		JOB NUMBER:	
FIRM EMAIL:		REFERENCE:	
BILLING EMAIL:		ADDRESS:	

RESEARCH: Dallas Tarrant Collin Denton Other

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Ownership & Legal | <input type="checkbox"/> Liens/Judgments | <input type="checkbox"/> Deed Rest. | <input type="checkbox"/> 50-Year Title Chain |
| <input type="checkbox"/> Subject & Adjoiners | <input type="checkbox"/> 30-Year Title Chain | <input type="checkbox"/> Road Right of Way | <input type="checkbox"/> Certified Copies |
| <input type="checkbox"/> Documents | <input type="checkbox"/> Easements | <input type="checkbox"/> Adjoiners Only | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Plats | <input type="checkbox"/> Title Certificates | <input type="checkbox"/> Update from | <input type="checkbox"/> Cell Tower |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Tax Maps | Date: _____ | |

SPECIAL INSTRUCTIONS:

Project Code:	<input type="text"/>
Site Name:	<input type="text"/>
Location Code:	<input type="text"/>
Carrier/Ref:	<input type="text"/>

FOR OFFICE USE

Copies:	<input type="text"/>
Plats / Maps:	<input type="text"/>
Certified Copies:	<input type="text"/>
Delivery:	<input type="text"/>
Retrieval:	<input type="text"/>
Research:	<input type="text"/>
Billing Amount:	<input type="text"/>

DELIVERY OPTION: E-mail FTP US Mail Fax
 Hand Delivery Other: _____

FOR OFFICE USE

Abstractor:	Number of pages attached:
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