

CITY OF STOCKTON
POLICE DEPARTMENT
NEIGHBORHOOD SERVICES SECTION
EMAIL: payoffdemand@stocktonca.gov
FAX: 209-937-7264

REQUEST FOR PAYOFF DEMAND

NOTE: Turn around for payoff demand may take up to 10 business days.

NAME: _____ DATE: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

FAX: _____

My affiliation with said property is:

PROPERTY OWNER

TITLE / ESCROW / BANK REPRESENTATIVE

LISTING AGENT/PROPERTY MANAGER
(attach a copy of listing agreement; property management agreement (PMA); and or borrower's authorization)

AFFECTED ADDRESS: _____

REASON FOR REQUEST: _____

Signature of Requesting Party

Date

Initial Requests: \$62.50 / Secondary Requests: \$15.75