

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

## REQUEST FOR PAYOFF DEMAND

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

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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

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Initial Requests: \$64.50 / Secondary Requests: \$16.25