



817 Cloquet Ave, Cloquet, MN 55720 ~ Ph: 218-879-3454 Fax: 218-879-3254
408 4th St, Moose Lake, MN 55767 ~ Ph: 218-485-8713 Fax: 218-389-9893

APPLICATION FOR CLOSING SERVICES

CCAT File No. _____ **Cash** **Lender** **Lender Name:** _____
Anticipated closing date: _____ **Location:** Cloquet Moose Lake
Property Address: _____
Tax Parcel I.D. _____ **Reservation Land?** Yes No
Abstract **Torrens** (Certificate No. _____) **Location of Abstract:** _____ **Contact Phone:** _____
Full Legal Description (please attach if lengthy): _____

Buyer(s): _____
Address: _____
Phone: _____ Email: _____
Social Security No. _____ Social Security No. _____
Vesting by deed at closing: **Joint Tenants** **Tenants in Common**

Selling Realtor: Agent Name: _____ Phone: _____
Company Name: _____ Email: _____
Broker Admin Fee \$ _____ Broker Reimbursement \$ _____

Special instructions: _____

Seller(s): _____
Address: _____
Phone: _____ Email: _____
Social Security No. _____ Social Security No. _____

Mortgage Payoff(s):
Lender Name: _____ **Lender Name:** _____
Acct No. _____ Acct No. _____
Phone: _____ Phone: _____

Listing Realtor: Agent Name: _____ Phone: _____
Company Name: _____ Email: _____
Earnest Money: \$ _____ Held By: _____
Commission: _____% or \$ _____ Broker Admin Fee \$ _____ Broker Reimbursement \$ _____
Commission Split/Checks at Closing: _____
CCAT to Prepare Deed: Yes No (\$75.00 Charge)
Well Disclosure Needed: Yes No (\$50.00 Filing Fee)
Septic Compliance/Inspection/Disclosure?: _____
I&I Compliance needed: Yes No **I&I Compliance Check Complete:** Yes No (provide copy to CCAT)
Garbage Receipt /Paid in Full Statement: Yes No (provide copy to CCAT)
Bills to be paid at closing: Yes No Describe: _____ (provide copy to CCAT)

Special Instructions: _____

