

GALLO TITLE SERVICES, LLC

DEED REQUEST

FAX NO. (603) 658-1204

FROM: _____ **PHONE:** _____

AGENCY: _____ **FAX:** _____

KINDLY PROVIDE THE ABOVE-REFERENCED OFFICE WITH
A COPY OF THE MOST CURRENT DEED REGARDING THE FOLLOWING:

STREET: _____

TOWN/CITY: _____

COUNTY: _____

**CURRENT
OWNER(S):** _____

**DATE OF
DEED:** _____

BOOK: _____ **PAGE:** _____

COMMENTS: _____
