



555 S. Randall Rd., Suite 100 | St. Charles, IL 60174 | Phone: 630-690-9130 | Fax: 630-690-0651 | titleservices.org

REIMBURSEMENT LETTER

Date: _____

Escrow Number:: _____

Property Address:: _____

To Whom It May Concern:

This is to certify that _____ Contractor/Subcontractor

has a payout due from _____ Owner/Contractor

for _____ performed or furnished at the above mentioned address in the amount of _____ (\$ _____) Dollars.

I have herewith submitted proper waivers/affidavits for the amount due and have been paid the sum of _____ (\$ _____) Dollars (herein after referred to as the "Reimbursement Amount").

Therefore, I request and authorize TITLE SERVICES, INC. to reimburse _____ Owner/Contractor

for said Reimbursement Amount.

Signed this _____ day of _____, 20__

Company

Signature (and Title) of Affiant

Subscribed and sworn to before me this _____ day of _____, 20__

NOTARY PUBLIC

ATTACH WAIVER TO THIS REIMBURSEMENT LETTER