

# Belleview Place Metropolitan District

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Phone: 303-987-0835

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please email request to: [final@sdmsi.com](mailto:final@sdmsi.com)

Today's Date: \_\_\_\_\_ Date of Final/Closing: \_\_\_\_\_

Title Company: \_\_\_\_\_

Title Company address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Closer/Assistant: \_\_\_\_\_

District Account #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Property Address: \_\_\_\_\_

Seller: \_\_\_\_\_

Phone: \_\_\_\_\_

Buyer: \_\_\_\_\_

Phone: \_\_\_\_\_

Will new owner/owners be occupying the property? (check one)      Yes      No

If no, please provide mailing address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**PLEASE FAX OR MAIL IN (WITH PAYMENT) WARRANTY DEED AFTER CLOSING FOR OUR RECORDS**

Thank you for your time and cooperation in this matter.