

Tax and Insurance Impound Request

I hereby request the following to be impounded and paid monthly with my payment:

1.) *Property Taxes* _____

2.) *Fire/Hazard Insurance* _____

I do not want Tax or Insurance Impounds _____

Fire/Hazard Insurance Agent Information

Insurance Co. _____ *Policy#* _____

Agents Name _____ *Phone No.* _____

Address _____

City _____ *State* _____ *Zip* _____

Printed Name _____ *Applicant Signature* _____ *Date* _____

Printed Name _____ *Co-Applicant Signature* _____ *Date* _____

_____ <i>Agent Name</i>	_____ <i>Date</i>	_____ <i>Phone Number</i>
----------------------------	----------------------	------------------------------