

# Loan Pay-Off / Reinstatement Request

Request Type:                      Reinstatement                      Payoff

First Name:

Last Name:

Phone Number:

Email Address:

Property Address:

Are you the Borrower?                      Yes                      No  
State Relationship:

Are you Represented by Counsel?                      Yes                      No  
Counsel's Contact Info:

Loan Number:

Mortgage Company:

Figures good through date:

How would you like to obtain the figures?                      Mail                      Fax                      Email  
Mail / fax / email contact info :

Submit completed forms to:

Fax  
(631) 982-4513

Email  
FAX-LIRPO@flwlaw.com

Mail  
Frenkel Lambert  
Attn: Reinstatement and Payoff Dept  
53 Gibson St  
Bay Shore, NY 11706