CITY OF STOCKTON ADMINISTRATIVE SERVICES REVENUE COLLECTIONS DEPARTMENT

EMAIL: revenuecollections@stocktonca.gov

FAX: 209-937-8051

REQUEST FOR PAYOFF DEMAND

NOTE: Turn around for payoff demand may take up to 10 business days.

NAME:		DATE:	
MAILING ADDRESS:	ļ	PHONE:	
		EMAIL:	
My connection to said p	roperty:		
□ PROPERTY OWNER □ LISTING AGENT (Copy of listing agreement attached)			t attached)
☐ TITLE / ESCROW / BAN	IK REPRESENTATIVE		
AFFECTED ADDRESS:			
REASON FOR REQUEST:			
			_
Signature of Requesting Party		 Date:	
Initial Payoff Request fee \$90.25		Update Payoff Request fee \$16.50	
OFFICE STAFF ONLY-			
Customer ID:	Location ID:	APN:	
Lien #:	Processed by:	Date	::