

CITY OF STOCKTON
POLICE DEPARTMENT
NEIGHBORHOOD SERVICES SECTION
EMAIL: payoffdemand@stocktonca.gov
FAX: 209-937-7264

REQUEST FOR PAYOFF DEMAND

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

NAME: _____ DATE: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

FAX: _____

My affiliation with said property is:

- PROPERTY OWNER
 LISTING AGENT (copy of listing agreement attached)
 TITLE / ESCROW / BANK REPRESENTATIVE

AFFECTED ADDRESS: _____

REASON FOR REQUEST: _____

Signature of Requesting Party

Date

Initial Requests: \$56.25 / Secondary Requests: \$14.00