

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

**REQUEST FOR PAYOFF DEMAND**

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

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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: \_\_\_\_\_

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REASON FOR REQUEST: \_\_\_\_\_

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Signature of Requesting Party \_\_\_\_\_ Date \_\_\_\_\_

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Initial Requests: \$53.00 / Secondary Requests: \$13.25