

STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM



RA # _____ **NOTICE OF ESCROW CLOSING**

SECTION I. INSTRUCTIONS

Upon the close of escrow, complete this form and mail with the completed transfer application to the Department of Housing and Community Development at the following address:

HCD
P.O. Box 1828
Sacramento, CA 95812-1828

SECTION II. DESCRIPTION OF UNIT

The Decal (License) No.(s) of the unit is: _____

The Trade Name of the unit is: _____

The Serial No.(s) of the unit is: _____

SECTION III. ESCROW CLOSING INFORMATION

Escrow Number: _____ Buyer: _____

THE ESCROW ESTABLISHED FOR THE UNIT DESCRIBED BELOW WAS CLOSED ON _____.

SECTION IV. ESCROW AGENT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at _____
Date *City* *State*

Signature of Escrow Agent: _____

Printed Name of Escrow Agent: _____

Company Name: _____

Address: _____
Street Address or P.O. Box *City* *State* *Zip*