

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 CANCELLATION**

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**SECTION I. INSTRUCTIONS**

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Upon the close of escrow, complete this form and mail to the Department at the following address:  
HCD  
P.O. Box 1828  
Sacramento, CA 95812-1828

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**SECTION II. DESCRIPTION OF UNIT**

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

The Trade Name of the unit is: \_\_\_\_\_

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

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**SECTION III. ESCROW CANCELLATION INFORMATION**

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Escrow Number: \_\_\_\_\_ Buyer: \_\_\_\_\_

**THE ESCROW ESTABLISHED FOR THE UNIT DESCRIBED BELOW WAS CANCELED ON \_\_\_\_\_.**

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**SECTION IV. ESCROW AGENT CERTIFICATION**

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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*