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
HCD RT 481.8B (Rev. 05/20)

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 276540
Sacramento, CA 95827-6540

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