

VERIFICATION OF SERVICES RENDERED

Pursuant to the requirements of Procedural Rules P-1.0 and P-22, the undersigned representative of hereby verifies that the following services were actually rendered by _____:

1. COUNTY CODE: 2. BEST EVIDENCE (0) OR MULTICOUNTY (1)
2. TITLE PREMIUM

OWNERS POLICY	\$ _____
MORTGAGEE POLICY	\$ _____
ENDORSEMENT CHARGE	\$ _____
TOTAL	\$ _____

PERCENTAGE AND AMOUNT OF PREMIUM (Remaining after remittance to the Title Insurance Company) agreed to be paid to the person rendering service: % \$.

3. INFORMATION ABOUT AGENT ISSUING/**REQUESTING** POLICY:
- *NAME:
 ADDRESS:
 CITY, STATE, ZIP:
 *TEXAS DEPARTMENT OF INSURANCE NUMBER:

4. File No. of Issuing Agent:
- DETAILED DESCRIPTION OF SERVICES:

5. DATE OF POLICY:
6. LOCATION OF SERVICES RENDERED:

* _____	_____
Signature of Person rendering service	Date

7. INFORMATION ABOUT AGENT **FURNISHING** THE TITLE WORK:
- *NAME:
 ADDRESS:
 CITY, STATE, ZIP:
 *TEXAS DEPARTMENT OF INSURANCE NUMBER:

TO BE COMPLETED BY PERSON PAYING FOR SERVICE:

I, _____ agree, to the best of my knowledge, that the above description of services rendered is accurate and complete and that the amount shown paid to me is correct.

* _____	_____
Signature of Person rendering service	Date