



**Post Closing Contact Information Request**

Please take a few moments to complete the below requested information. This information will allow us to ensure that we are not only providing information to authorized representatives but also contacting the appropriate persons responsible for the designated areas as noted below. We want to be certain that we provide your information to only those persons listed on this form so please add any additional names and/or companies at the bottom of this list that are authorized to receive your information. This information will not be shared with outside parties and should be provided by the borrower or authorized representative.

**Borrower/Loan Information** (this information will verify the loan for which you are supplying contacts, Borrower name should be as it appears on your loan documents)

Loan Number: \_\_\_\_\_ Property Name: \_\_\_\_\_  
Borrower Name: \_\_\_\_\_ Borrower Contact: \_\_\_\_\_  
c/o or attention to: \_\_\_\_\_ Borrower Phone: \_\_\_\_\_  
Borrower Address: \_\_\_\_\_ Borrower Fax: \_\_\_\_\_  
Borrower Email: \_\_\_\_\_

**Payment Contact/Billing Address**  
(Please note ALL correspondence will be sent to this address)

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Property Management Contact**  
(if the same as billing write same)

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Site Inspection Contact** (to schedule/discuss inspections)  
(if the same as billing write same)

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Financial Statement Reporting Contact** (borrower/property financials)  
(if the same as billing write same)

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Internal Contact for Property Taxes**  
(if the same as billing write same)

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Internal Contact for Property Insurance**  
(if the same as billing write same)

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Other contacts authorized to obtain information on the loan**

Name/Company/#: \_\_\_\_\_  
Name/Company/#: \_\_\_\_\_  
Name/Company/#: \_\_\_\_\_  
Name/Company/#: \_\_\_\_\_  
Name/Company/#: \_\_\_\_\_

Borrower Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(digitally sign or print & sign)

Print Name and Title: \_\_\_\_\_

**Please return this form to:**  
email: [servicing@grandbridge.com](mailto:servicing@grandbridge.com) or fax: 866.665.0246  
you may elect to mail to:  
Attn: Operations Support  
200 South College Street, Suite 2100  
Charlotte, NC 28202