



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 (print/type): _____ Date: _____
By: _____
Print Name and Title: _____

Please return this form to:
email: servicing@grandbridge.com or fax: 866.665.0246
you may elect to mail to:
Attn: Document Administration
200 South College Street, Suite 2100
Charlotte, NC 28202