

OFFICE REPORT FORM

(due not later than 30 DAYS after a change is made)

Title Agency or Title Insurer Name as Shown on License _____

EIN _____ License or Certificate of Authority Number _____

- New Office
- Existing Office, Change of Address
- Existing Office, Change of Branch Manger
- Office Closure

Date of Office Opening (mm / dd / yyyy) _____

Date of Office Closure (mm / dd / yyyy) _____

Office Location Address _____

City _____ County _____

ST _____ ZIP Code _____ - _____

Telephone (_____) _____ - _____ Extension _____

FAX (_____) _____ - _____

Office Manager (Last Name, First Name, MI) _____

Begin Date as Manager (mm / dd / yyyy) _____

End Date As Manager (mm / dd / yyyy) _____

By submitting this form, I certify that the information is true and correct to the best of my knowledge, information, and belief.

Submitted By (Person Authorized to Act) _____

Title _____ Date _____

Telephone (_____) _____ - _____ Extension _____

E-Mail Address _____

Submit this form by email to licensing.uid@utah.gov