



REQUEST FOR ESCROW DISBURSEMENT ORDER

(Please type or print CLEARLY)

I. PROFILE INFORMATION

Name of requesting broker _____ Street address _____ City _____ State _____ Zip _____ Name of requesting brokerage _____	CHECK ONE OR BOTH Listing Office _____ Selling Office _____ Telephone _____ E-mail _____ Broker license no. _____
Name of co-broker (if any) _____ Name of brokerage _____ Street address _____ City _____ State _____ Zip _____	CHECK ONE Listing Office _____ Selling Office _____ Telephone _____ E-mail _____ Broker license no. _____
Name of purchaser/lessee _____ Current* street address _____ City _____ State _____ Zip _____ Name of attorney (if any) _____	Telephone: _____ Other: _____ *Please keep us advised of any address changes.
Name of seller/lessor _____ Current* street address _____ City _____ State _____ Zip _____ Name of attorney (if any) _____	Telephone: _____ Other: _____ *Please keep us advised of any address changes.

Directions to Broker:

1. The broker holding the escrow deposit must complete this form FULLY by answering each question and attaching LEGIBLE copies of all supporting documents and correspondence. The Department of Business and Professional Regulation will return incomplete or undocumented requests.
2. Return the completed form to the Department of Business and Professional Regulation, Division of Real Estate, 400 West Robinson Street, Suite N801, Orlando, Florida 32801-1757.
3. THE REQUESTING BROKER MUST SIGN AND DATE ON PAGE THREE OF THIS FORM.
4. If the parties later elect to arbitrate, mediate, interplead or litigate this matter or if the parties arrive at a resolution after the date of this request, the requesting broker must notify The Division of Real Estate within 10 business days.
5. Use additional sheets if necessary.

II. Funds and Financing

A. Amount of funds held by broker \$ _____

B. Total purchase price/lease price \$ _____

C. Funds are held in: Listing office Selling office Other
 trust account trust account (please explain in detail below)

D. Have purchaser/lessee and seller/lessee executed a sales contract or other agreement?

Yes No Other (Please explain in detail below)

If Yes, attach a complete, legible copy of the executed contract or agreement with addenda/riders.

Effective date of contract or agreement:

Date(s) Deposit(s) made to broker's trust account:

E. If mortgage financing is involved, did purchaser make application for financing? Yes No

If Yes, provide the information requested below:

Applications was: Approved Denied
Date:
Reasons for denial and subsequent financial history: (attach lender's statement of denial if available)

III. Area of Dispute

A. Has purchaser/lessee requested (of you or of co-broker) the return of the deposit? Yes No

If Yes, please give date and purchaser's/lessee's reason for requesting such refund (attach copies of relevant correspondence):

Date:

Reason:

B. Has seller/lessor made demand (of you or of co-broker) for forfeiture of the deposit? Yes No

If Yes, please give date and seller's/lessor's reason for claiming a forfeiture (attach copies of relevant correspondence):

Date:

Reason:

C. Please list the names, addresses and telephone numbers of anyone who may have additional information relative to this matter. Include any comments you feel may assist The Florida Real Estate Commission in the determination of this matter.

IV. Certification

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief. All exhibits attached are true copies of the originals made by me or under my supervision. I understand that my representations have been made for the express purpose of securing an escrow disbursement order from the Florida Real Estate Commission. I further understand that any false statements shall subject me to the provisions of Section 475.25, Florida Statutes, and may be punishable under the provisions of Section 837.06, Florida Statutes.

Date

Signature of requesting broker