



# UNIVERSAL TITLE

S O U T H F L O R I D A

## Request for Release of Escrow on Rental Agreement

Name(s) of Tenant(s): \_\_\_\_\_

Name(s) of Landlord: \_\_\_\_\_

Name of Landlord's Broker Company / Agent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Tenant's Brokerage Company / Agent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Address: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Total Amount of Escrow Held: \$ \_\_\_\_\_

Amount Payable to Landlord's Brokerage Company: \$ \_\_\_\_\_

Amount Payable to Tenant's Brokerage Company: \$ \_\_\_\_\_

Approved by MCA: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* This form must be signed by your MCA \*\***

**Checks will be ready for pick up two business days after the complete form is received by our office before 4:00 p.m.**