Title Print	Request
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Send copy(ies) of the Title Print to the Client on the Packet Cover Page after this packet is registered.
By Preferred Method of Delivery (existing Client only)
By mail

By Fax

ISC

By E-mail

NOTE: If you choose by fax or by e-mail but you did not provide a fax number or e-mail address on your original Client Application, the title print will be sent by mail.

Send copy(ies) of the Title	Print to:						
Client Number (if known) Na	ime						
OR							
Client Name: Last	First		Second			Third	
Client Address	City	Province/State	C	Country (ii	f outside (Canada)	Postal/Zip Code
				<u> </u>		, anaday	
E-mail Address					Eav Nu	mhor (in	clude Area Code)
							ciude Area Code)
					()	
 By mail By Fax B	By E-mail						
Sendcopy(ies) of the Title	Drint to:						
Client Number (if known) Na	ime						
OR	First		Coord			Third	
Client Name: Last	First		Second			THIL	
Client Address	City	Province/State		Country (i	f outside C	Canada)	Postal/Zip Code
E-mail Address				1	Fax Nu	imber (ir	clude Area Code)
					()	
By mail By Fax B	By E-mail						
Send copy(ies) of the Title							
Client Number (if known) Na	ame						
OR							
Client Name: Last	First		Second			Third	
Client Address	City	Province/State	(Country (if outside	Canada)	Postal/Zip Code
E-mail Address			1 L_		Fax Nu	mber (in	clude Area Code)
					()	
					<u>`</u>	/	
 By mail By Fax B	y E-mail						