No. _____

Phillips County Abstract & Title Co
Division of ISSCO, Inc.
Abstract Order Sheet

Date order taken: _____

Who is placing order? _____

Phone Number: _____

Email address: _____

Who to bill? _____

Billing Address: _____

_____

_____

Date Needed: _____

Abstract when done should be: Mailed ____ Delivered ____ (check one)

Owners _____

Name & Address: _____

_____

Phone number: _____

E-mail address: _____

What needs to be done to abstract? Base _____

(*Check one)* Extend _____

Final _____

Legal Description of the base abstract:

_____

_____

_____

_____

_____

_____

_____

_____

_____