



Request for Lien Release/ Demand

Please email: CSSD-EscrowTitleRequest@cssd.lacounty.gov
with the following information below:

1. This completed form
2. Copy of the Abstract of Support Judgment(s)

Your Company Name:

Contact Person:

Contact person email:

Phone Number:

Address:

Fax Number:

Escrow Number:

(To avoid mistaken identity, please do not copy information from the "Abstract Support Judgement")

Borrower's Name:

Social Security Number:

Date of Birth:

Property Address:

Remarks/Comments:

**Your preferred method of
response:**

Check all that apply.

*Please provide Fed-Ex label
with your request