

STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM



RA # _____ **NOTICE OF ESCROW CANCELLATION**

HCD RT 481.8C (Rev. 05/20)

SECTION I. INSTRUCTIONS

Upon the cancellation of escrow, complete this form and mail to the Department at the following address:

HCD
P.O. Box 276540
Sacramento, CA 95827-6540

SECTION II. DESCRIPTION OF UNIT

The Decal (License) No.(s) of the unit is: _____

The Trade Name of the unit is: _____

The Serial No.(s) of the unit is: _____

SECTION III. ESCROW CANCELLATION INFORMATION

Escrow Number: _____ Buyer: _____

THE ESCROW ESTABLISHED FOR THE UNIT DESCRIBED BELOW WAS CANCELED ON _____.

SECTION IV. ESCROW AGENT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at _____
Date *City* *State*

Signature of Escrow Agent: _____

Printed Name of Escrow Agent: _____

Company Name: _____

Address: _____
Street Address or P.O. Box *City* *State* *Zip*