

INTENT TO CURE

NOTICE: You **do not need to pay any fee** to the Public Trustee or any third party to submit an Intent to Cure.

Public Trustee Foreclosure No. _____

I hereby notify you of my intent to cure the default on the referenced Public Trustee foreclosure.

I am the owner of record or represent the owner of record for the property involved.

Please notify me of the total cost to cure this foreclosure.

Sale Date is set for _____.

***Intent must be filed at least 15 days before the sale date.**

Print Name: _____

Signature: _____

Current Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Date Received:

