



EAGLE COUNTY PUBLIC TRUSTEE

Intent to Cure

Date

Foreclosure Number

Owner Name

Mailing Street Address

Mailing City, State, Zip Code

Phone Number

Fax Number

E-mail Address

If cure figures should be sent to another party, such as a lender or title company, please provide the following information:

Company

Mailing Street Address

Contact Name

Mailing City, State, Zip Code

Phone Number

Fax Number

E-Mail Address

Please let this serve as written notice of my Intent to Cure. I am requesting the Public Trustee's office obtain a written statement of the amount necessary to cure this foreclosure. I understand cash, certified funds, or a wire transfer must be received by the Public Trustee *by noon* on the day of the scheduled sale date in order to cure this foreclosure.

Signature (please type name)

Initials

By checking this box, I attest that I am the owner of the foreclosed property referenced above and have the right to cure.