

NORTHEAST TITLE SERVICES

ACRIS E-Form as required for all conveyances (including co-ops) within the Counties of Bronx, New York, Kings, Queens and Richmond.

Please fill in ALL the data requested below and be sure all names as spelled correctly.

Name: _____ Title No. _____

E-Mail Address: _____

Property Information: Borough: _____ Block _____ Lot _____

Property Address: _____ Property Type _____ Property Class _____

Total Consideration \$ _____ Date of Conveyance _____

Contract Sale Date: _____ Condition of Transfer: _____
(i.e.: fee interest, foreclosure, family transfer, etc.)

Assessed Value \$ _____ Lot Size _____ School Dist. _____

Will this be the primary residence for the purchaser(s): yes _____ no _____ don't know _____

Seller's Name(s)	Address	Social Security Number (s)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Purchaser(s) Name(s)	Address	Social Security Number(s)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If these E-Forms are being prepared as a courtesy, please indicate purchaser's attorney, address and who the assignee will be:
