

ACRIS 2.1 CHECK OFF LIST

GRANTOR(S):

GRANTEE(S):

Name _____

Name _____

Name _____

Name _____

SSN/EIN _____

SSN/EIN _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Sellers Atty _____

Buyers Atty _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone # _____

Phone # _____

1. Property Address _____

2. Borough _____ Block _____ Lot _____

3. Type of Property _____

4. Contract Date _____ Transfer Date _____

5. Amount of Consideration _____

6. Condition of Transfer (RPT) _____ Percentage of interest transferred (RPT) % _____

7. Type of interest (RPT) _____

8. Condition of Conveyance (TP584) _____ Percentage of real property conveyed which is residential real property (TP584) % _____

9. Bank name/address** _____
City/State/Zip _____
Phone # _____
Have you recently paid off a mortgage? **
Yes / No

(**Needed to send Real Estate Tax Bills. If you do not want the bank to receive tax bills, please specify where you want them to be sent.)
All above information is needed to generate ACRIS E-Tax forms. There is a \$150.00 preparation fee.

Fax this form to (212) 269-7496.

PLEASE NOTE: ACRIS FORMS ARE ONLY REQUIRED FOR NEW YORK, KINGS, QUEENS, AND BRONX COUNTIES.

Thank you,
Regal Title Agency

Attn: _____
Fax #: _____
Title #: _____