



P.O. Box 355, West Hempstead
New York 11552
Tel/Fax: (516) 565-5315

ACRIS Document Processing Intake Form

(Please Type or Complete in Block Letters)
Fax completed form to: 516-565-5315

Name of Seller/Grantor: _____

Address of Seller/Grantor: _____
Please include Zip Code

Social Security # of Seller/Grantor: _____

Additional Seller/Grantor, if any
Name of Seller/Grantor: _____

Address of Seller/Grantor: _____
Please include Zip Code

Social Security # of Seller/Grantor: _____

Name of Attorney for Seller/Grantor: _____

Address of Attorney for Seller/Grantor : _____
Please include Zip Code

Telephone of Attorney for Seller/Grantor: _____

Name of Buyer/Grantee: _____

Address of Buyer/Grantee: _____
Please include Zip Code

Social Security # of Buyer/Grantee: _____

Name of Attorney for Buyer/Grantee: _____

Address of Attorney for Buyer/Grantee: _____
Please include Zip Code

Telephone of Attorney for Buyer/Grantee: _____

Property Address: _____

Borough: _____ **Block #:** _____ **Lot #:** _____

Contract Date: _____ **Closing Date:** _____

Purchase Price: _____ **Property Type:** _____
(example: 1-Family, or 2-Family)

of Floors: _____ **Deed to be filed?:** _____
(YES or NO)

Please provide fax number and/or email address for the return of completed ACRIS forms:

_____ *Fax number (including area code)* _____ *Email Address*

Please send processing bill to: _____

Please include contact telephone number, in the event there are questions about the transaction

IMPORTANT: ALL FIELDS ARE REQUIRED TO BE COMPLETED IN ORDER TO PROCESS FORMS