



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**