



Five Points Abstract
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ACRIS/Transfer Doc APPLICATION

*Reference No.: _____

Applicant: _____

Address: _____

Tel. No.: _____

Fax No.: _____

Email: _____

Grantor: _____

Grantor: _____

*SS/EIN: _____

SS/EIN: _____

Grantor: _____

Grantor: _____

SS/EIN: _____

SS/EIN: _____

*Address (Post Closing)

Grantee: _____

Grantee: _____

*SS/EIN: _____

SS/EIN: _____

Grantee: _____

Grantee: _____

SS/EIN: _____

SS/EIN: _____

*Address (Post Closing)

Premises: _____

___ 1-2 Family ___ Vacant Land - Residential

Block: _____

___ 3-6 Family ___ Vacant Land - Commercial

Lot: _____

___ Commercial

*Consideration: _____

Date of Contract: _____

*Date of Closing: _____

Will this be the primary residence of the purchaser(s)? _____

Seller's Atty.: _____

Buyer's Atty.: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

*Required fields: Transfer forms cannot be created unless all starred information is completed.