



# ACRIS Prep Request

Complete and email to [acris@expeditedcoops.com](mailto:acris@expeditedcoops.com) or Fax to 800.508.1677

**IMPORTANT:** contract of sale must be supplied for all transactions \$400,000.00 and above.

DATE:	SEARCH #	REQUEST BY:
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☐ HPD Affidavit in Lieu of Registration Form Required

Name and Telephone Number of Party Signing HPD

NAME (grantor/grantee) \_\_\_\_\_

PHONE (grantor/grantee) \_\_\_\_\_

Send completed ACRIS via

☐ EMAIL \_\_\_\_\_  
(Email Address)

☐ DELIVER WITH CLOSING PACKAGE

If uninsured transaction, are we also recording ☐ YES ☐ NO

## GRANTOR 1

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SSN/EIN (or affidavit) \_\_\_\_\_

*If grantor is single member LLC*

MEMBER NAME \_\_\_\_\_

MEMBER SSN/EIN \_\_\_\_\_

*\*See below if grantor is a partnership or multi-member LLC*

## GRANTOR 2

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SSN/EIN (or affidavit) \_\_\_\_\_

MEMBER NAME \_\_\_\_\_

MEMBER SSN/EIN \_\_\_\_\_

## GRANTEE 1

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SSN/EIN (or affidavit) \_\_\_\_\_

*If grantee is single member LLC*

MEMBER NAME \_\_\_\_\_

MEMBER SSN/EIN \_\_\_\_\_

*\*See below if grantee is a partnership or multi-member LLC*

## GRANTEE 2

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SSN/EIN (or affidavit) \_\_\_\_\_

MEMBER NAME \_\_\_\_\_

MEMBER SSN/EIN \_\_\_\_\_

## GRANTOR ATTORNEY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## GRANTEE ATTORNEY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

# ACRIS Prep Request

<b>PROPERTY</b>	<b>CONSIDERATION *</b>
ADDRESS _____	\$ _____
_____	
<i>Tax map designation</i>	*Is grantor paying tax transfer? <input type="radio"/> YES <input type="radio"/> NO
BLOCK _____ LOT(S) _____	*Is exemption being claimed? <input type="radio"/> YES <input type="radio"/> NO
COUNTY _____	<i>If yes, please detail below</i>
PROPERTY TYPE _____	DATE OF CONVEYANCE _____
<i>Note: If courtesy recording, please provide copy of current tax bill so we may complete RP-5217</i>	TYPE OF CONVEYANCE (see TP-584 pg1) _____
	CONTRACT DATE _____

COMMENTS / SPECIAL INSTRUCTIONS

\*\*\* AS TO PARTNERSHIPS AND MULTI-MEMBER LLCs \*\*\*

Effective May 18, 2015, the revised NYC-RPT form requires the names and SSN/EIN of each general partner or LLC member. Signatures are not required. This information must be submitted in a “supporting document” with a separate page for each partnership or LLC. If a SSN or EIN is not provided, an affidavit must be submitted attesting to the reason(s) the information is missing.

**Note:** Neither the supporting document nor the SSN/EIN affidavit are forms within the ACRIS system or are supplied by the New York City Register. THEREFORE, you must either supply the names of the partners and/or members below with SSN/EIN and we will prepare the supporting document OR you must prepare same and bring to closing. A sample is attached.

ENTITY 1 NAME _____	
PARTNER/MEMBER NAME _____	SSN/EIN _____
PARTNER/MEMBER NAME _____	SSN/EIN _____
PARTNER/MEMBER NAME _____	SSN/EIN _____
PARTNER/MEMBER NAME _____	SSN/EIN _____
ENTITY 2 NAME _____	
PARTNER/MEMBER NAME _____	SSN/EIN _____
PARTNER/MEMBER NAME _____	SSN/EIN _____
PARTNER/MEMBER NAME _____	SSN/EIN _____
PARTNER/MEMBER NAME _____	SSN/EIN _____

Expedited Coop & Lien Services does not provide any legal or tax advice in the preparation of any ACRIS tax transfer forms, but rather acts solely in an administrative capacity based upon the information provided by the applicant. Accordingly, ECLS shall not be responsible for any errors or omissions. These forms are important legal documents and should be examined by an attorney prior to signing. In no event shall ECLS liability exceed the amount of the payment received by it for the services performed hereunder.