FOR CITY USE ONLY
C1. County Code [ ] C2. Date Deed Recorded [ ] Month / Day / Year

PROPERTY INFORMATION

1. Property Location
   STREET NUMBER | STREET NAME | BOROUGH | ZIP CODE

2. Buyer Name
   LAST NAME / COMPANY | FIRST NAME

3. Tax Billing Address
   Indicate where future Tax Bills are to be sent if other than buyer address (at bottom of form)
   LAST NAME / COMPANY | FIRST NAME

4. Indicate the number of Assessment Roll parcels transferred on the deed [ ] # of Parcels OR [ ] Part of a Parcel

5. Deed Property Size
   FRONT FEET X DEPTH OR [ ] ACRES

6. Seller Name
   LAST NAME / COMPANY | FIRST NAME

9. Check the box below which most accurately describes the use of the property at the time of sale:
   A [ ] One Family Residential  C [ ] Residential Vacant Land  E [ ] Commercial
   B [ ] 2 or 3 Family Residential  D [ ] Non-Residential Vacant Land  F [ ] Apartment
   G [ ] Entertainment / Amusement  H [ ] Community Service  I [ ] Industrial
   J [ ] Public Service

SALE INFORMATION

10. Sale Contract Date
    Month / Day / Year

11. Date of Sale / Transfer
    Month / Day / Year

12. Full Sale Price
    (Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) Please round to the nearest whole dollar amount.

13. Indicate the value of personal property included in the sale

ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

15. Building Class [ ]

16. Total Assessed Value (of all parcels in transfer)

17. Borough, Block and Lot / Roll Identifier(s) (If more than three, attach sheet with additional identifier(s))

CERTIFICATION
I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the penal law relative to the making and filing of false instruments.

BUYER

BUYER'S ATTORNEY

LAST NAME | FIRST NAME

AREA CODE | TELEPHONE NUMBER

SOLDIER

SELLER SIGNATURE | DATE