| FOR CITY USE ONLY C1. County Code C2. Date Deed / Recorded Month Day Year C3. Book OR C5. CRFN PROPERTYINFORMATION | REAL PROPERTY TRANSFER REPORT STATE OF NEW YORK STATE BOARD OF REAL PROPERTY SERVICES RP - 5217NYC (Rev 11/2002) |
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| | |
| 1. Property Location STREET NUMBER STREET NAME | BOROUGH ZIP CODE |
| 2. Buyer Name LAST NAME / COMPANY | FIRST NAME |
| LAST NAME / COMPANY | FIRST NAME |
| 3. Tax Indicate where future Tax Bills are to be sent Billing if other than buyer address (at bottom of form) LAST NAME / COMPANY Address | FIRST NAME |
| STREET NUMBER AND STREET NAME CITY OF | R TOWN STATE ZIP CODE |
| 4. Indicate the number of Assessment Roll parcels transferred on the deed # of Parcels OR | Part of a Parcel 4A. Planning Board Approval - N/A for NYC 4B. Agricultural District Notice - N/A for NYC Check the boxes below as they apply: |
| 5. Deed Property FRONT FEET X OR ACRES | 6. Ownership Type is Condominium 7. New Construction on Vacant Land |
| 8. Seller LAST NAME / COMPANY | FIRST 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 D Non-Residential Vacant Land F | Commercial G Entertainment / Amusement I Industrial Apartment H Community Service J Public Service |
| SALE INFORMATION | 14. Check one or more of these conditions as applicable to transfer: A Sale Between Relatives or Former Relatives |
| 10. Sale Contract Date / / Month Day Year | B Sale Between Related Companies or Partners in Business |
| | C One of the Buyers is also a Seller |
| 11. Date of Sale / Transfer / / / Month Day Year | D Buyer or Seller is Government Agency or Lending Institution E Deed Type not Warranty or Bargain and Sale (Specify Below) |
| | F Sale of Fractional or Less than Fee Interest (Specify Below) |
| 12. Full Sale Price | G Significant Change in Property Between Taxable Status and Sale Dates H Sale of Business is Included in Sale Price Other Unusual Factors Affecting Sale Price (Specify Below) |
| mortgages or other obligations.) Please round to the nearest whole dollar amount. | J None |
| 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)) | |
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| 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 | |
| BUYER SIGNATURE DATE | LAST NAME FIRST NAME |
| | |
| STREET NUMBER STREET NAME (AFTER SALE) | AREA CODE TELEPHONE NUMBER SELLER |
| CITY OR TOWN STATE ZIP CODE | SELLER SIGNATURE DATE |