

ACRIS Prep Request

The Bridge to Building One Community at a Time.

Complete and email to Kevin@nationalstandardabs.com and Jen@nationalstandardabs.com or Fax to 516.358.0401

IMPORTANT: A copy of the deed, lease, or other transfer document <u>must</u> be submitted with this form. Each transfer document must have its own set of ACRIS forms, therefore, please fill out a prep request for each document requiring transfer docs. A copy of the contract of sale must be supplied for all transactions \$400,000.00 and above. TITLE NUMBER: **REQUEST BY:** DATE: HPD Affidavit in Lieu of Registration Form Required Send completed ACRIS via O EMAIL _____ Name and Telephone Number of Party Signing HPD (Email Address) DELIVER WITH CLOSING PACKAGE NAME (grantor/grantee) — 0 If uninsured transaction, are we also recording PHONE (grantor/grantee) ___ YES NO **GRANTOR 1 GRANTOR 2** 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 **GRANTEE 2 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 **GRANTOR ATTORNEY GRANTEE ATTORNEY** NAME ADDRESS __ PHONE **EMAIL**



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PROPERTY	\$			
Tax map designation BLOCK LOT(S) COUNTY PROPERTY TYPE Note: If courtesy recording, please provide copy of current tax bill so we may complete RP-5217				
	*Is grantor paying tax transfer? O YES NO NO If yes, please detail below			
		DATE OF CONVEYANCE		
		TYPE OF CONVEYANCE (see TP-584 pg1)		
	CONTRACT DATE			
	COMMENTS / SPECIAL INSTRUCTIONS			
		HIPS AND MULTI-MEMBER LLCs ***		
Signatures are not required. This information must be sub	s the names and SSN/EIN of each general partner or LLC member. In the member with a separate page for each lavit must be submitted attesting to the reason(s) the information is			
	ffidavit are forms within the ACRIS system or are supplied by the New York nes of the partners and/or members below with SSN/EIN and we will ame 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			

National Abstract Standard ("NSA") 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, NSA shall not be