

# ACRIS E-TAX REQUEST FORM

Please provide the following:

ACRIS NYC CUSTOMER ID: \_\_\_\_\_

ACRIS CUSTOMER PROFILE: \_\_\_\_\_

\*\* If you do not have the above we will create one for you and send your information to you with your documents. Please keep in a safe place as we will need if you order from us again. Thank you so much.

Once fully executed please email to [Info@cresstonellc.com](mailto:Info@cresstonellc.com)

Purchase Price \$: \_\_\_\_\_

## 1) Parties:

Grantor(s) Name: \_\_\_\_\_

Address/Zip Code: \_\_\_\_\_

SSN/EIN: \_\_\_\_\_

Grantee(s) Name: \_\_\_\_\_

Address/Zip Code: \_\_\_\_\_

SSN/EIN: \_\_\_\_\_

## 2) Property: Property Type (i.e. Coop Unit, etc.) \_\_\_\_\_

Street Address: \_\_\_\_\_

Unit # \_\_\_\_\_

## 3) Details of Conveyance:

- a) Date of Closing: \_\_\_\_\_
- b) Sale contract date: \_\_\_\_\_
- c) Condition of transfer: \_\_\_\_\_
- d) Type of interest: \_\_\_\_\_
- e) Details of consideration: \_\_\_\_\_

## 4) Attorney information:

a) Grantor's Attorney: \_\_\_\_\_

Address/Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_

b) Grantee's Attorney: \_\_\_\_\_

Address/Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_

