



# ACRIS E-Forms & Westchester P.R.E.P

\*NOT required for Westchester co-op's

Please submit your request at least **3** days prior to the date of closing.

1. \_\_\_\_\_ conjunction with a transaction that is to be insured will be added to your title bill.
2. If PREP/E- Forms are to be used in Insurance, a preparation fee of **\$150**
3. If these forms are NOT part of a transaction to be insured, the sum of \$150 will be due and payable upon receipt of the forms. **Please be advised this request only pertains to the transfer document creation.**

*If you would like to record a deed or file a co-op, which includes cover page creation, please return the fully executed forms with an additional **\$350** for 1-3 family dwellings, **\$475** for all other properties and **\$150\*** for NYC co-op filings.*

From: \_\_\_\_\_ To: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Title # or JR # (if app): \_\_\_\_\_

Property Address: \_\_\_\_\_  
 Borough: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Property Type: \_\_\_\_\_ Co-op Name: \_\_\_\_\_  
 Total Consideration: \_\_\_\_\_ Date of Conveyance: \_\_\_\_\_  
 Contract of Sale Date: \_\_\_\_\_ Condition of Transfer: \_\_\_\_\_  
Fee interest, foreclosure, family transfer, etc.  
 Assessed Value: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 School District: \_\_\_\_\_

Seller's Name(s)	Address(es) (after closing):	Social Security Numbers(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Buyer's Name(s)	Address(es) (after closing):	Social Security Numbers(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____