

ACRIS 2.1 INFORMATION SHEET

SELLERS INFORMATION

Sellers: _____

Sellers Current Address: _____

City, State, Zip Code: _____

Sellers Address after Transfer: _____

City, State, Zip Code: _____

Social Security Numbers/Bin: _____

Sellers Attorney: _____

Attorney Address: _____

City, State, Zip Code: _____

Phone Number: _____

PURCHASERS INFORMATION:

Purchasers: _____

Purchasers Current Address: _____

City, State, Zip Code: _____

Purchases Address after Transfer: _____

City, State, Zip Code: _____

Social Security Numbers: _____

Purchasers Attorney: _____

Attorneys Address: _____

Phone Number: _____

PROPERTY INFORMATION

Condition of Transfer (see PRT): _____

Type of Property: _____

Percentage of Real Property Conveyed: _____

Purchase Price: _____

Sale Contract Date: _____

Borough/Block/Lot: _____

Address Real Estate Tax Bills are to be send to; (If left blank Purchaser's information will be used).

In the space provided below please list any special condition, which may affect the conveyance and therefore determine which schedules are to be completed:

Agreed and Accepted:
