

FOR CITY USE ONLY

C1. County Code \_\_\_\_\_ C2. Date Deed Recorded \_\_\_\_\_  
 Month / Day / Year

C3. Book \_\_\_\_\_ OR \_\_\_\_\_ C4. Page \_\_\_\_\_

C5. CRFN \_\_\_\_\_



REAL PROPERTY TRANSFER REPORT

STATE OF NEW YORK  
STATE BOARD OF REAL PROPERTY SERVICES

RP - 5217NYC

(Rev 11/2002)

PROPERTY INFORMATION

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 Billing Address  
 Indicate where future Tax Bills are to be sent if other than buyer address (at bottom of form)  
 LAST NAME / COMPANY \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 STREET NUMBER AND STREET NAME \_\_\_\_\_ CITY OR 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

5. Deed Property Size  
 FRONT FEET \_\_\_\_\_ X \_\_\_\_\_ DEPTH \_\_\_\_\_ OR \_\_\_\_\_ ACRES \_\_\_\_\_

Check the boxes below as they apply:  
 6. Ownership Type is Condominium   
 7. New Construction on Vacant Land

8. Seller Name  
 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  Commercial    G  Entertainment / Amusement    I  Industrial  
 B  2 or 3 Family Residential    D  Non-Residential Vacant Land    F  Apartment    H  Community Service    J  Public Service

SALE INFORMATION

10. Sale Contract Date \_\_\_\_\_  
 Month / Day / Year

11. Date of Sale / Transfer \_\_\_\_\_  
 Month / Day / Year

12. Full Sale Price \_\_\_\_\_  
 ( Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) Please round to the nearest whole dollar amount.

13. Indicate the value of personal property included in the sale \_\_\_\_\_

14. Check one or more of these conditions as applicable to transfer:

A  Sale Between Relatives or Former Relatives  
 B  Sale Between Related Companies or Partners in Business  
 C  One of the Buyers is also a Seller  
 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 )  
 G  Significant Change in Property Between Taxable Status and Sale Dates  
 H  Sale of Business is Included in Sale Price  
 I  Other Unusual Factors Affecting Sale Price ( Specify Below )  
 J  None

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) )

\_\_\_\_\_

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 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 STREET NUMBER \_\_\_\_\_ STREET NAME (AFTER SALE) \_\_\_\_\_  
 CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUYER'S ATTORNEY

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 AREA CODE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
**SELLER**  
 SELLER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_