

OMNI TITLE AGENCY

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ACRIS INFORMATION REQUIREMENTS

**** PLEASE NOTE ANY GRANTOR/GRANTEE THAT IS A PARTNERSHIP OR (SINGLE OR MULTIPLE) MEMBER LLC, THE NAME AND SSN/EIN FOR EACH GENERAL PARTNER OR MEMBER IS REQUIRED ****

SELLER(S): NAME AND ADDRESS (INCLUDING ZIP CODE)

SOCIAL SECURITY NUMBER(S):

PURCHASER(S): NAME AND ADDRESS (INCLUDING ZIP CODE)

SOCIAL SECURITY NUMBER(S):

ADDRESS OF PREMISES:

BLOCK: LOT:

TYPE OF DWELLING (ONE FAMILY, COMMERCIAL, COOP, CONDOMINIUM ETC.)

CLOSING DATE:

CONTRACT DATE:

PURCHASE PRICE:

ATTORNEY FOR GRANTOR: (NAME, ADDRESS AND PHONE NUMBER)

ATTORNEY FOR GRANTEE: (NAME, ADDRESS AND PHONE NUMBER)

PLEASE NOTE: ALL INFORMATION MUST BE SUPPLIED IN ORDER FOR ACRIS TO BE COMPLETED AND THE DOCUMENT(S) TO BE RECORDED