



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

\*NOT required for Westchester co-op's

1. Please submit your request at least **3** days prior to the date of closing.
2. If PREP/E-Forms are to be used in conjunction with a transaction that is to be insured by Judicial Title Insurance, a preparation fee of **\$175** will be added to your title bill.
3. If these forms are NOT part of a transaction to be insured by Judicial Title Insurance, the sum of \$175 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 Judicial Title to record a deed or file a co-op, which includes cover page creation, please return the fully executed forms to Judicial Title with an additional **\$350** for 1-3 family dwellings, **\$500** for all other properties and **\$150\*** for NYC co-op filings.*

From: \_\_\_\_\_

To: Judicial Title Recording Department

Fax #: \_\_\_\_\_

Email: ACRIS@judicialtitle.com Fax: 914-381-6785

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): |
|-----------------|------------------------------|-----------------------------|
| _____           | _____                        | _____                       |
| _____           | _____                        | _____                       |
| _____           | _____                        | _____                       |
| _____           | _____                        | _____                       |