



MEMORANDUM OF SALE

by
The City of New York
Department of Citywide Administrative Services

Parcel Number	Auction Date	Restriction
Borough	Block	Lot
Acquisition Date	Acquisition Type	Map Date
Authorization Date	Calendar No.	

Cash	\$		Purchase Price	\$	
Certified Check	\$		Auction Deposit	\$	
Cashier's Check	\$		Balance of the Purchase Price	\$	
Money Order	\$				
Total	\$				

Received by RFA _____ Auctioneer Fee

Name of Purchaser _____ NAME TYPE: C () P () I ()
 Social Security No. _____ Employer Identification No. _____
 Type of ID & # _____ Type of ID & # _____
 Home Address _____
 Business Address _____
 Telephone: Day# () _____ Mobile# () _____ E-mail _____

Name of Purchaser _____ NAME TYPE: C () P () I ()
 Social Security No. _____ Employer Identification No. _____
 Type of ID & # _____ Type of ID & # _____
 Home Address _____
 Business Address _____
 Telephone: Day# () _____ Mobile# () _____ E-mail _____

I am/We are the Purchaser(s) and am/are purchasing the PREMISES DESCRIBED FOR THE SUM OF \$ _____, and promise to comply with and be bound by the STANDARD TERMS AND CONDITIONS OF SALE of said premises, as well as any SPECIAL TERMS AND CONDITIONS OF SALE, as authorized by the Mayor of the City of New York.

Purchaser Signature/Business Entity Name _____
 Date: _____ By _____ Title _____

TIMETABLE

- | | |
|--|--|
| DUE WITHIN 14 CALENDAR DAYS SUBMIT: <ul style="list-style-type: none"> • Verified Statement and Tax Affidavit • Business Entity Requirements • Assignment with \$200 fee | DUE WITHIN 45 CALENDAR DAYS SUBMIT: <ul style="list-style-type: none"> • Balance of the Purchase Price • Title Objections |
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ALL PAYMENTS MUST BE IN UNITED STATES DOLLARS IN THE FORM OF OFFICIAL BANK CHECK, CERTIFIED CHECK, BANK MONEY ORDER, OR POSTAL MONEY ORDER PAYABLE TO "NYC/DCAS" OR BY WIRE TRANSFER. ALL OF THE ABOVE MUST BE RECEIVED BY DCAS BY 5:00 P.M. WITHIN THE ABOVE TIME PERIODS.

EXECUTION OF THIS MEMORANDUM OF SALE SHALL NOT BE CONSTRUED AS AUTHORIZATION TO ENTER UPON OR USE THIS PROPERTY FOR ANY PURPOSE.

Prepared by _____ Date _____ Reviewed by _____ Date _____