Citywide Administrative Services

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	$
Certified Check	$
Cashier's Check	$
Money Order	$
Total	$

Purchase Price	$
Auction Deposit	$
Balance of the Purchase Price	$

Received by RFA_____ Auctioneer Fee ☐

NAME TYPE: C ( ) P ( ) I ( )

Name of Purchaser_____

Social Security No. _____ Employer Identification No. _____

Type of ID & # _____ Type of ID & # _____

Home Address _____

Business Address _____

Telephone: Day# (_____)_____ Mobile# (_____)_____ E-mail_____

NAME TYPE: C ( ) P ( ) I ( )

Name of Purchaser_____

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:
- Verified Statement and Tax Affidavit
- Business Entity Requirements
- Assignment with $200 fee

DUE WITHIN 45 CALENDAR DAYS SUBMIT:
- Title Objections

DUE WITHIN 120 CALENDAR DAYS SUBMIT:
- Balance of the Purchase Price

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 _____ Reviewed by _____

Date Date