

Erie County Department of Health
Division of Environmental Health Services
503 Kensington Ave
Buffalo, New York 14214
phone: (716) 961-6800; fax: (716) 961-6880

APPLICATION FOR A WAIVER OF PROPERTY TRANSFER CERTIFICATION

Property Transfer Address: _____

City/Town/Village: _____ Zip Code: _____

Name(s) Of Purchaser: _____

Phone# _____ Email: _____

Following the issuance of the property transfer certification, the \$1000 waiver fee will be returned. If the person listed below is not the purchaser, then an assignment must accompany this application.

Name that check should be written out to: _____

Mailing Address: _____

(This address should be the intended mailing address once the property transfer transaction has closed.)

City: _____ State: _____ Zip Code: _____

Name of Seller: _____

Seller Email: _____

I/We agree to correct any deficiencies of the water supply and/or onsite wastewater treatment system as required by the Erie County Department of Health.

Purchaser Signature Date

Purchaser Signature Date

Enclosed herewith is a: Check Money Order
Payable to the Commissioner of Finance for \$1000.00.

Please complete and return to: Erie County Department of Health
503 Kensington Ave
Buffalo, New York 14214