

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: _____

Purchaser Mailing Address: _____

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

Print Name

Purchaser Signature Date

Print Name

Enclosed herewith is a:

Check Money Order
Payable to the Commissioner of Finance for \$1000.00.

Please note: The \$1000.00 waiver fee will be returned to the purchaser at the above address after the property transfer certification has been issued, unless an assignment has been submitted to this Department.

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