

**ERIE COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SERVICES**

**APPLICATION FOR A WAIVER OF PROPERTY TRANSFER
CERTIFICATION**

NAME(S) OF PURCHASER _____

PURCHASER'S PHONE _____

PROPERTY TRANSFER ADDRESS _____

CITY, TOWN, VILLAGE _____

I (WE) AGREE TO CORRECT ANY DEFICIENCIES OF THE WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM AS REQUIRED BY THE ERIE COUNTY HEALTH DEPARTMENT.

ENCLOSED HEREWITH IS A _____ CHECK _____ MONEY ORDER PAYABLE TO THE ERIE COUNTY COMMISSIONER OF FINANCE FOR \$1000.00. (SEE NOTE BELOW)

PURCHASER SIGNATURE DATE

PURCHASER SIGNATURE DATE

PLEASE COMPLETE & RETURN TO: ERIE COUNTY HEALTH DEPARTMENT
95 FRANKLIN ST., ROOM 906
BUFFALO, NEW YORK 14202

NOTE: THE \$1,000.00 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.