

## Queens County Office of the Public Administrator

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Susan B. Brown
Deputy Public Administrator

**Public Administrator** 

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## BROKERAGE DISCLOSURE STATEMENT

Date of Auction:

with o	ffices at (address)	ective purchasers for the properties listed next to their
name.	NAME OF CLIENT	PROPERTY ADDRESS
•	Queens County or to any employee of the any corporation, firm, association or oth person having a substantial interest is rel	n not related by blood or marriage to the Public Administrator of Public Administrator of Queens County; nor am I associated with er entity in which one or more of its officers or directors or any ated by blood or marriage is related to the Public Administrator of tublic Administrator's Office; nor am I an employee of Counsel to ty.
•	By signing this form I represent that I has ale of Real Estate by the Public Adminis	we read and consent to the terms and conditions of the auction and trator of Queens County.
•	truthfully and accurately all blank field accompany my client to the sale and be successful bidder on any property for wh three (3%) percent of the final sales price	understand that to be recognized as a broker I must complete is. I must submit this form PRIOR TO THE SALE. I must id on behalf of my client. I understand that if my client is the ich I am recognized as a broker, I will earn a commission equal to . The commission shall only be deemed earned and payable to me id by my client and a closing transferring the subject property has
	Broker Signature:	License #: