

Queens County Office of the Public Administrator

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Deputy Public Administrator

Public Administrator

Deputy I usine A

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BROKERAGE DISCLOSURE STATEMENT

Date of Auction:	
with (name of broker) with offices at (address) state that the following persons are	nan with (name of company), re prospective purchasers for the properties listed next to their
name. NAME OF CLIENT	PROPERTY ADDRESS
Queens County or to any employ any corporation, firm, association person having a substantial inter Queens County or any employee	t that I am not related by blood or marriage to the Public Administrator of yee of the Public Administrator of Queens County; nor am I associated with on or other entity in which one or more of its officers or directors or any rest is related by blood or marriage is related to the Public Administrator of e of the Public Administrator's Office; nor am I an employee of Counsel to
By signing this form I represent sale of Real Estate by the Public	that I have read and consent to the terms and conditions of the auction and Administrator of Queens County.
By signing this form I represent truthfully and accurately all blace accompany my client to the sal successful bidder on any propert three (3%) percent of the final sale.	nt that I understand that to be recognized as a broker I must complete ank fields. I must submit this form PRIOR TO THE SALE. I must le and bid on behalf of my client. I understand that if my client is the try for which I am recognized as a broker, I will earn a commission equal to ales price. The commission shall only be deemed earned and payable to me a executed by my client and a closing transferring the subject property has
Broker Signature:	License #: