



|                                |   |
|--------------------------------|---|
| <b>VT Schedule<br/>PTT-175</b> | <b>ADDITIONAL TRANSFERORS<br/>AND TRANSFEREES</b> |
|--------------------------------|---|

BLACK OUT ALL ID  
 NUMBERS BELOW ON  
 TOWN COPY ONLY

**Attach to Form PTT-172**

|   |                      |
|---|----------------------|
| Transferee (Buyer) from PTT-172             |                      |
| Property Location (Physical Street Address) | Date of this Closing |

**Transferor (Seller)** OR  **Transferee (Buyer) #2 - Check ONE**

|  |            |               |                                  |  |  |
|--|------------|---------------|----------------------------------|--|--|
| Entity Transferee / Transferor Name                        |            |               | Federal ID Number                |  |  |
| <b>OR</b> Individual Transferee / Transferor Last Name     | First Name | Initial       | <b>OR</b> Social Security Number |  |  |
| Transferee / Transferor Mailing Address Following Transfer |            |               | Daytime Telephone Number         |  |  |
| Line 2 for Mailing Address Following Transfer (if needed)  |            |               | <b>For Department Use Only</b>   |  |  |
| City   | State      | ZIP Code      |                                  |  |  |
| Foreign Country (if not United States)                     |            | Email Address |                                  |  |  |

**Transferor (Seller)** OR  **Transferee (Buyer) #3 - Check ONE**

|  |            |               |                                  |  |  |
|--|------------|---------------|----------------------------------|--|--|
| Entity Transferee / Transferor Name                        |            |               | Federal ID Number                |  |  |
| <b>OR</b> Individual Transferee / Transferor Last Name     | First Name | Initial       | <b>OR</b> Social Security Number |  |  |
| Transferee / Transferor Mailing Address Following Transfer |            |               | Daytime Telephone Number         |  |  |
| Line 2 for Mailing Address Following Transfer (if needed)  |            |               | <b>For Department Use Only</b>   |  |  |
| City   | State      | ZIP Code      |                                  |  |  |
| Foreign Country (if not United States)                     |            | Email Address |                                  |  |  |

**Transferor (Seller)** OR  **Transferee (Buyer) #4 - Check ONE**

|  |            |               |                                  |  |  |
|--|------------|---------------|----------------------------------|--|--|
| Entity Transferee / Transferor Name                        |            |               | Federal ID Number                |  |  |
| <b>OR</b> Individual Transferee / Transferor Last Name     | First Name | Initial       | <b>OR</b> Social Security Number |  |  |
| Transferee / Transferor Mailing Address Following Transfer |            |               | Daytime Telephone Number         |  |  |
| Line 2 for Mailing Address Following Transfer (if needed)  |            |               | <b>For Department Use Only</b>   |  |  |
| City   | State      | ZIP Code      |                                  |  |  |
| Foreign Country (if not United States)                     |            | Email Address |                                  |  |  |

|                          |
|--------------------------|
| <b>For Town Use Only</b> |
|--------------------------|

Transferee's Name \_\_\_\_\_  
 Property Location \_\_\_\_\_  
 Date of this Closing \_\_\_\_\_



**Attach to Form PTT-172**

**Transferor (Seller)** OR  **Transferee (Buyer) #5 - Check ONE**

|  |            |               |                                  |  |  |
|--|------------|---------------|----------------------------------|--|--|
| Entity Transferee / Transferor Name                        |            |               | Federal ID Number                |  |  |
| <b>OR</b> Individual Transferee / Transferor Last Name     | First Name | Initial       | <b>OR</b> Social Security Number |  |  |
| Transferee / Transferor Mailing Address Following Transfer |            |               | Daytime Telephone Number         |  |  |
| Line 2 for Mailing Address Following Transfer (if needed)  |            |               | <b>For Department Use Only</b>   |  |  |
| City   | State      | ZIP Code      |                                  |  |  |
| Foreign Country (if not United States)                     |            | Email Address |                                  |  |  |

**Transferor (Seller)** OR  **Transferee (Buyer) #6 - Check ONE**

|  |            |               |                                  |  |  |
|--|------------|---------------|----------------------------------|--|--|
| Entity Transferee / Transferor Name                        |            |               | Federal ID Number                |  |  |
| <b>OR</b> Individual Transferee / Transferor Last Name     | First Name | Initial       | <b>OR</b> Social Security Number |  |  |
| Transferee / Transferor Mailing Address Following Transfer |            |               | Daytime Telephone Number         |  |  |
| Line 2 for Mailing Address Following Transfer (if needed)  |            |               | <b>For Department Use Only</b>   |  |  |
| City   | State      | ZIP Code      |                                  |  |  |
| Foreign Country (if not United States)                     |            | Email Address |                                  |  |  |

**Transferor (Seller)** OR  **Transferee (Buyer) #7 - Check ONE**

|  |            |               |                                  |  |  |
|--|------------|---------------|----------------------------------|--|--|
| Entity Transferee / Transferor Name                        |            |               | Federal ID Number                |  |  |
| <b>OR</b> Individual Transferee / Transferor Last Name     | First Name | Initial       | <b>OR</b> Social Security Number |  |  |
| Transferee / Transferor Mailing Address Following Transfer |            |               | Daytime Telephone Number         |  |  |
| Line 2 for Mailing Address Following Transfer (if needed)  |            |               | <b>For Department Use Only</b>   |  |  |
| City   | State      | ZIP Code      |                                  |  |  |
| Foreign Country (if not United States)                     |            | Email Address |                                  |  |  |

If there are more than 7 transferors and transferees, attach additional Schedules PTT-175 as needed.

**For Town Use Only**

**Schedule PTT-175**  
Rev. 01/20