



# PROPERTY OWNER'S REGISTRATION FORM

FOR OFFICE USE ONLY

NEW YORK CITY DEPARTMENT OF FINANCE CENTRAL REGISTRATION 59 MAIDEN LANE, 20TH FLOOR, NEW YORK, NY 10038

ONLY ONE (1) PROPERTY (BLOCK AND LOT) MAY BE REGISTERED WITH THIS CARD. MAKE PHOTOCOPIES IF YOU ARE REGISTERING MORE THAN ONE PROPERTY.

Type or print in ink. Additional instructions appear on the reverse side of this form.

## PROPERTY OWNER'S INFORMATION (FOR GENERAL CORRESPONDENCE)

1. Borough the property is in: \_\_\_\_\_, Block:     Lot:

Owner's name - FILL EITHER 2A OR 2B ONLY ▼

2a. Individual Owner FIRST M. I. LAST

2b. Business Owner

3. Owner's Residence or Company's Business Address

City State Zip Code

4. Property Address

City State Zip Code

5. If the property has more than one owner, check this box and see instructions -

6. Owner's Tax Identification Number -  
SSN (If owner is an individual or trust) OR EIN (If owner is a corporation or partnership)

7. Indicate owner's daytime telephone number: (\_\_\_\_\_) \_\_\_\_\_

## BILLING INFORMATION - REAL ESTATE TAX BILLS

IF YOUR MORTGAGE PAYMENTS INCLUDE YOUR REAL ESTATE TAXES, FILL IN THE NAME AND ADDRESS OF YOUR BANK/LENDER IN THE SPACE PROVIDED IN 9 BELOW. IF NOT, FILL IN THE NAME AND ADDRESS TO WHICH YOU ARE CHOOSING TO HAVE REAL ESTATE TAX BILLS SENT.

8. Indicate to whom Real Estate Tax bills should be mailed (Check ✓ one) ▼

Bank/Lender  Owner  Tenant  Agent

If "TENANT" or "AGENT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

9. Name of Real Estate Tax Bill Recipient

Address

City State Zip Code

Have you recently paid off your mortgage? (✓) \_\_\_\_\_  Yes \_\_\_\_\_  No

## BILLING INFORMATION - SPECIAL ASSESSMENT BILLS

INDICATE TO WHOM SPECIAL ASSESSMENT BILLS SHOULD BE MAILED. (SEE INSTRUCTIONS FOR LINE 10)

10. TYPE OF SPECIAL ASSESSMENT BILL:

Name of Recipient

Address

City State Zip Code

Relationship of addressee to property (Check ✓ one) ▼

Owner  Tenant  Agent

If "TENANT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER

TYPE OF SPECIAL ASSESSMENT BILL:

Name of Recipient

Address

City State Zip Code

Relationship of addressee to property (Check ✓ one) ▼

Owner  Tenant  Agent

If "TENANT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER

11. Signature of owner or corporate officer (required by statute) 12. Date

If you need assistance in completing this form, please call Customer Assistance at 212-504-4080 Si usted necesita recibir asistencia en Español para llenar este formulario, llame al 212-504-4080 y solicite un Representante que hable Español.

NOTE: Water and Sewer Charge registration requires a different form. Contact the Bureau of Water and Energy Conservation at (718) 595-7000.