



**FINANCE**  
**NEW YORK**  
THE CITY OF NEW YORK  
DEPARTMENT OF FINANCE

# NYC RPT

## NEW YORK CITY DEPARTMENT OF FINANCE REAL PROPERTY TRANSFER TAX RETURN

(Pursuant to Title 11, Chapter 21, NYC Administrative Code)

**TYPE OR PRINT LEGIBLY**

If the transfer involves more than one grantor or grantee or a partnership, the names, addresses and Social Security Numbers or Employer Identification Numbers of all grantors or grantees and general partners must be provided on Schedule 3, page 3.



**GRANTOR** ▼

● Name \_\_\_\_\_

● Grantor is a(n):  individual  partnership (must complete Schedule 3) Telephone Number \_\_\_\_\_  
(check one)  corporation  other \_\_\_\_\_

● Permanent mailing address after transfer (number and street) \_\_\_\_\_

● City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

● EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_ OR ● SOCIAL SECURITY NUMBER \_\_\_\_\_

DO NOT WRITE IN THIS SPACE  
FOR OFFICE USE ONLY

● RETURN NUMBER ▲ \_\_\_\_\_

● DEED SERIAL NUMBER ▲ \_\_\_\_\_

● NYS REAL ESTATE TRANSFER TAX PAID ▲ \_\_\_\_\_

**GRANTEE** ▼

● Name \_\_\_\_\_

● Grantee is a(n):  individual  partnership (must complete Schedule 3) Telephone Number \_\_\_\_\_  
(check one)  corporation  other \_\_\_\_\_

● Permanent mailing address after transfer (number and street) \_\_\_\_\_

● City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

● EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_ OR ● SOCIAL SECURITY NUMBER \_\_\_\_\_

**PROPERTY LOCATION** ▼

LIST EACH LOT SEPARATELY. ATTACH A RIDER IF ADDITIONAL SPACE IS REQUIRED

| ● Address (number and street) | Apt. No. | Borough | Block | Lot | # of Floors | Square Feet | ● Assessed Value of Property |
|-------------------------------|----------|---------|-------|-----|-------------|-------------|------------------------------|
|                               |          |         |       |     |             |             |                              |
|                               |          |         |       |     |             |             |                              |
|                               |          |         |       |     |             |             |                              |

● DATE OF TRANSFER TO GRANTEE: \_\_\_\_\_ ● PERCENTAGE OF INTEREST TRANSFERRED: \_\_\_\_\_ %

**CONDITION OF TRANSFER** ▼ See Instructions

● Check (✓) all of the conditions that apply and fill out the appropriate schedules on pages 5-11 of this return. Additionally, Schedules 1 and 2 must be completed for all transfers.

- |  |  |
|--|--|
| <p>a. <input type="checkbox"/> .....Arms length transfer</p> <p>b. <input type="checkbox"/> .....Transfer in exercise of option to purchase</p> <p>c. <input type="checkbox"/> .....Transfer from cooperative sponsor to cooperative corporation</p> <p>d. <input type="checkbox"/> .....Transfer by referee or receiver (complete Schedule A, page 5)</p> <p>e. <input type="checkbox"/> .....Transfer pursuant to marital settlement agreement or divorce decree</p> <p>f. <input type="checkbox"/> .....Deed in lieu of foreclosure (complete Schedule C, page 6)</p> <p>g. <input type="checkbox"/> .....Transfer pursuant to liquidation of an entity (complete Schedule D, page 6)</p> <p>h. <input type="checkbox"/> .....Transfer from principal to agent, dummy, strawman or conduit or vice-versa (complete Schedule E, page 7)</p> <p>i. <input type="checkbox"/> .....Transfer pursuant to trust agreement or will (attach a copy of trust agreement or will)</p> <p>j. <input type="checkbox"/> .....Gift transfer not subject to indebtedness</p> <p>k. <input type="checkbox"/> .....Gift transfer subject to indebtedness</p> <p>l. <input type="checkbox"/> .....Transfer to a business entity in exchange for an interest in the business entity (complete Schedule F, page 7)</p> | <p>m. <input type="checkbox"/> .....Transfer to a governmental body</p> <p>n. <input type="checkbox"/> .....Correction deed</p> <p>o. <input type="checkbox"/> .....Transfer by or to a tax exempt organization (complete Schedule G, page 8)</p> <p>p. <input type="checkbox"/> .....Transfer of property partly within and partly without NYC</p> <p>q. <input type="checkbox"/> .....Transfer of successful bid pursuant to foreclosure</p> <p>r. <input type="checkbox"/> .....Transfer by borrower solely as security for a debt or a transfer by lender solely to return such security</p> <p>s. <input type="checkbox"/> .....Transfer wholly or partly exempt as a mere change of identity or form of ownership. Complete Schedule M, page 9)</p> <p>t. <input type="checkbox"/> .....Transfer to a REIT or to a corporation or partnership controlled by a REIT. (Complete Schedule R, pages 10 and 11)</p> <p>u. <input type="checkbox"/> .....Other transfer in connection with financing (describe): _____</p> <p>v. <input type="checkbox"/> .....Other (describe): _____</p> |
|--|--|

**● TYPE OF PROPERTY (✓)**

a.  ..... 1-3 family house

b.  ..... Individual residential condominium unit

c.  ..... Individual cooperative apartment

d.  ..... Commercial condominium unit

e.  ..... Commercial cooperative

f.  ..... Apartment building

g.  ..... Office building

h.  ..... Industrial building

i.  ..... Utility

j.  ..... OTHER. (describe): \_\_\_\_\_

**● TYPE OF INTEREST (✓)**

Check box at LEFT if you intend to record a document related to this transfer. Check box at RIGHT if you do not intend to record a document related to this transfer.

| REC.                        |   | NON REC.                 |
|-----------------------------|---|--------------------------|
| a. <input type="checkbox"/> | Fee .....                               | <input type="checkbox"/> |
| b. <input type="checkbox"/> | Leasehold Grant .....                   | <input type="checkbox"/> |
| c. <input type="checkbox"/> | Leasehold Assignment or Surrender ..... | <input type="checkbox"/> |
| d. <input type="checkbox"/> | Easement .....                          | <input type="checkbox"/> |
| e. <input type="checkbox"/> | Development Rights .....                | <input type="checkbox"/> |
| f. <input type="checkbox"/> | Stock .....                             | <input type="checkbox"/> |
| g. <input type="checkbox"/> | Partnership Interest .....              | <input type="checkbox"/> |
| h. <input type="checkbox"/> | OTHER. (describe): .....                | <input type="checkbox"/> |

**SCHEDULE 1 - DETAILS OF CONSIDERATION ▼**

COMPLETE THIS SCHEDULE FOR ALL TRANSFERS AFTER COMPLETING THE APPROPRIATE SCHEDULES ON PAGES 5 THROUGH 11. ENTER "ZERO" ON LINE 11 IF THE TRANSFER REPORTED WAS WITHOUT CONSIDERATION.

|  |       |  |  |
|--|-------|--|--|
| 1. Cash.....   | ● 1.  |  |  |
| 2. Purchase money mortgage.....  | ● 2.  |  |  |
| 3. Unpaid principal of pre-existing mortgage(s) .....  | ● 3.  |  |  |
| 4. Accrued interest on pre-existing mortgage(s).....   | ● 4.  |  |  |
| 5. Accrued real estate taxes .....   | ● 5.  |  |  |
| 6. Amounts of other liens on property .....  | ● 6.  |  |  |
| 7. Value of shares of stock or of partnership interest received .....  | ● 7.  |  |  |
| 8. Value of real or personal property received in exchange.....  | ● 8.  |  |  |
| 9. Amount of Real Property Transfer Tax and/or other taxes or expenses of the grantor which are paid by the grantee .....            | ● 9.  |  |  |
| 10. Other (describe): .....  | ● 10. |  |  |
| 11. <b>TOTAL CONSIDERATION</b> (add lines 1 through 10 - must equal amount entered on line 1 of Schedule 2) (see instructions) ..... | ● 11. |  |  |

**See instructions for special rules relating to transfers of cooperative units, liquidations, marital settlements and transfers of property to a business entity in return for an interest in the entity.**

**SCHEDULE 2 - COMPUTATION OF TAX ▼**

| A. <b>Payment</b>  | Pay amount shown on line 14 - See Instructions | Payment Enclosed |
|--|--|------------------|
| 1. Total Consideration (from line 11, above).....                            | ● 1.   |                  |
| 2. Excludable liens (see instructions).....                                  | ● 2.   |                  |
| 3. Consideration (Line 1 less line 2).....                                   | ● 3.   |                  |
| 4. Tax Rate (see instructions) .....   | ● 4.   | %                |
| 5. Percentage change in beneficial ownership (see instructions) .....        | ● 5.   | %                |
| 6. Taxable consideration (multiply line 3 by line 5) .....                   | ● 6.   |                  |
| 7. Tax (multiply line 6 by line 4) .....                                     | ● 7.   |                  |
| 8. Credit (see instructions).....  | ● 8.   |                  |
| 9. Tax due (line 7 less line 8) (if the result is negative, enter zero)..... | ● 9.   |                  |
| 10. Interest (see instructions).....   | ● 10.  |                  |
| 11. Penalty (see instructions).....  | ● 11.  |                  |
| 12. Total tax due (add lines 9, 10 and 11) .....                             | ● 12.  |                  |
| 13. Filing Fee .....   | ● 13.  |                  |
| 14. <b>Total Remittance Due</b> (line 12 plus line 13) .....                 | ● 14.  |                  |

SCHEDULE 3 - TRANSFERS INVOLVING MULTIPLE GRANTORS AND/OR GRANTEES OR A PARTNERSHIP

NOTE If additional space is needed, attach copies of this schedule or an addendum listing all of the information required below.

GRANTOR(S)/PARTNER(S)

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
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SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

GRANTEE(S)/PARTNER(S)

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

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EMPLOYER IDENTIFICATION NUMBER

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

**GRANTOR'S ATTORNEY ▼**

|                                |   |                            |                        |
|--------------------------------|---|----------------------------|------------------------|
| Name of Attorney               |   | Telephone Number<br>(    ) |                        |
| Address (number and street)    |   | City and State             | Zip Code               |
| EMPLOYER IDENTIFICATION NUMBER | - | <b>OR</b>                  | SOCIAL SECURITY NUMBER |
|                                |   |                            |                        |

**GRANTEE'S ATTORNEY ▼**

|                                |   |                            |                        |
|--------------------------------|---|----------------------------|------------------------|
| Name of Attorney               |   | Telephone Number<br>(    ) |                        |
| Address (number and street)    |   | City and State             | Zip Code               |
| EMPLOYER IDENTIFICATION NUMBER | - | <b>OR</b>                  | SOCIAL SECURITY NUMBER |
|                                |   |                            |                        |

**CERTIFICATION ▼**

I swear or affirm that this return, including any accompanying schedules, affidavits and attachments, has been examined by me and is, to the best of my knowledge, a true and complete return made in good faith, pursuant to Title 11, Chapter 21 of the Administrative Code and the regulations issued thereunder.

**GRANTOR**

**S**worn to and subscribed to

before me on this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

---

Signature of Notary

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Signature of Grantor

EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER

Name of Grantor

Notary's stamp or seal

**GRANTEE**

**S**worn to and subscribed to

before me on this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

---

Signature of Notary

---

Signature of Grantee

EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER

Name of Grantee

Notary's stamp or seal

**GRANTEE:** To ensure that your property and water/sewer tax bills are sent to the proper address you must complete the Registration forms included in this packet. Owner's Registration Cards can also be obtained by calling the Department of Finance at (718) 935-9500.



# PROPERTY OWNER'S REGISTRATION FORM

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.

FOR OFFICE USE ONLY

## 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 Taxpayer 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.

|  |
|--|
|  |
|--|

## - INSTRUCTIONS FOR COMPLETING OWNER'S REGISTRATION CARD -

### LINE 1

Enter the borough in which the property is located and the block and lot numbers of the property. Only one property (block and lot) may be registered with this card. Make photocopies if you want to register more than one property.

### LINE 2A

Enter the full name of the owner if the property is owned by an individual. Please **DO NOT** abbreviate. If the property has more than one owner, see instructions for line 5.

### LINE 2B

Enter the name of the owner if the property is owned by a business entity. If the property has more than one owner, see instructions for line 5.

### LINE 3

Enter the address of the owner. (Please note that the address at which the owner lives, or at which the company is located, is not necessarily the property address itself.)

### LINE 4

Enter the actual address of the property.

### LINE 5

Check the box if the property has more than one owner, and attach an additional sheet with the name, address and EIN/SSN of the other owner(s). Include the property block and lot number.

### LINE 6

Enter the owner's Social Security Number, or if the owner is a corporation or partnership, enter the Employer Identification Number.

### LINE 7

In order that we may provide you with better service, please provide a telephone number at which you can be reached during normal business hours.

### IMPORTANT

If your mortgage payments include your real estate taxes, fill in the name and address of your bank/lender in the space provided on line 9. If not, fill in the address to which you are choosing to have real estate tax bills sent.

### LINE 8

Check the box next to the appropriate relationship. For example, if bills are to be sent to your bank/lender, check the box which is marked "Bank/Lender." Enter the social security number or employer identification numbers for tenants and agents, as applicable.

### LINE 9

Enter the name and address to which you would like Real Estate Tax bills mailed.

### LINE 10

Special Assessment bills are for items such as Sidewalk Assessment, Mall Maintenance and Boiler and Elevator Inspection Charges. In most cases the owner should register to receive these bills. Enter the name and address to which Special Assessment bills should be sent. Enter the social security number or employer identification numbers for tenants and agents, as applicable.

### LINE 11

The owner or corporate officer **must** sign the Registration Card in order for it to be valid.

### LINE 12

Indicate the date signed. The law provides that senior citizens and handicapped taxpayers may designate someone to receive duplicate tax bills. If you are interested, contact **Customer Assistance** at 212-504-4080 and ask for a third party notification form.

**IF YOU NEED FURTHER ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL 212-504-4080.**

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**SI USTED NECESITA RECIBIR ASISTENCIA EN ESPANOL PARA LLENAR ESTO FORMULARIO, LLAME 212-504-4080.**

*THE NEW YORK CITY  
DEPARTMENT OF FINANCE  
NOW PROVIDES ON LINE  
OWNER'S REGISTRATION  
VIA THE WORLD WIDE WEB*

**Y**ou can use your personal computer and modem to access an "on line" version of the Property Owner's Registration form that can be submitted via the World Wide Web. It's quick, it's simple, and here's how:

1. Logon to the following address:  
**nyc.gov/finance/cityforms**
2. Click on the "Property Owner's Registration form" link and follow the instructions
3. Complete the registration form by typing all the required information in the prompted fields
4. Click on "Send to Finance" to file your registration

### PRIVACY ACT NOTIFICATION

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for owners of real property is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Disclosure by tenants and agents is voluntary. Such numbers disclosed on any report or return are requested for tax administration purposes and will be used to facilitate the processing of tax returns and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Such numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the taxpayer gives written authorization to the Department of Finance.

THE CITY OF NEW YORK



DEPARTMENT OF ENVIRONMENTAL PROTECTION

The City of New York
Department of Environmental Protection
Bureau of Customer and Conservation Services
59-17 Junction Boulevard
Corona, NY 11368-5107

Customer Registration Form for Water and Sewer Billing

Property Owner Information

(1) Property is located in the borough of: \_\_\_\_\_

Block: [ ] [ ] [ ] [ ] [ ] Lot: [ ] [ ] [ ] [ ]

Meter # (if available): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(2) Service Address: \_\_\_\_\_ (3) Mailing Address (if different from Service Address) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_

(4) Owner's Name: Business: \_\_\_\_\_ OR

Individual: \_\_\_\_\_
(Last Name) (First Name) (MI)

(5) Owner's Telephone Number:

Residence: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Customer Billing Information

(Please provide the following information about the customer responsible for paying water/sewer bills at this premise.)

(6) Account Number (if available): \_\_\_\_\_

(7) Name: Business: \_\_\_\_\_

Individual: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
(Last Name) (First Name) (MI)

(8) Mailing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(9) Relationship of Customer to this premise (Check one) Agent: \_\_\_\_\_ Owner: \_\_\_\_\_ Tenant: \_\_\_\_\_

Owner's Approval:

(The property owner must approve someone as a customer at this property. The failure by a Customer to pay the water/sewer bills will initiate "Delinquency" actions which may ultimately result in the property being taken over by the City or placed in a lien sale.)

(10) Owner's EIN OR SSN: \_\_\_\_\_

(11) \_\_\_\_\_
(Print name and title if applicable)

(12) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
(Signature) (Date)

## **Instructions for filling out this Customer Registration Form**

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- (1) **Borough - Block - Lot and Meter Number:** Enter the borough in which the premise is located followed by its block and lot numbers. If the water meter number is available, provide this as well.
- (2) **Service Address:** Enter the address of the premise.
- (3) **Mailing Address:** Enter the address of the owner if it is different from the Service Address.
- (4) **Owner's Name:** Enter the name of the business if the owner is a business. Enter the Last Name, First Name and Middle Initial of the owner if the owner is an individual.
- (5) **Owner's Telephone Number:** Enter the owner's home and business telephone number, including the area codes.
- (6) **Account Number:** Enter the customer's account number.
- (7) **Customer Name:** Enter the name of the individual or the business responsible for paying the water/sewer bills for this premise.
- (8) **Mailing Address:** Enter the mailing address including the zip code of the individual or business responsible for paying the water/sewer bills at this premise.
- (9) **Relationship of Customer to this premise:** Check one option to identify the relationship to the premise.
- (10) **Owner's EIN or SSN:** Enter the owner's EIN (Employer Identification Number) if the owner is a corporation or a partnership. Enter the Owner's SSN (Social Security Number) if the owner is an individual.
- (11) **Name and Title:** Print the name and title (if applicable) of the corporate officer or owner who will sign this form.
- (12) **Owner or Officer Signature:** The owner or corporate officer must sign the registration form in order for it to be valid. Please indicate the date the form is signed.

## **Important Information for New Property Owners**

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All new property owners must complete a Customer Registration Form. This will ensure that water and sewer bills are mailed to the customers who are responsible for making payments. Please make sure that the form is completed accurately. Our Customer Service Representatives may be contacted at (718) 595-7000 if you have any questions pertaining to the Customer Registration Form or if you need assistance in completing the form.

### **Please return the completed form to:**

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**Department of Environmental Protection  
Bureau of Customer and Conservation Services  
Att'n: Registration and Return Mail Unit  
59-17 Junction Boulevard, 7th Floor  
Corona, NY 11368-5107**