PROPERTY INFORMATION UPDATE FORM

NYC Department of Finance

PROPERTY AND CONTACT INFORMATION (REQUIRED)

ADDRESS AND UNIT	CITY	STATE	ZIP

BBL NUMBER ☐ Easement (If any)

NAME	EMAIL	PHONE

ATTESTATION AND SIGNATURE: By signing below, I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statement of material fact. I understand that this information is subject to audit. I understand that should the Department of Finance determine that I made false statements, the Department of Finance will not change its records as requested and I will remain liable for complying with all bills and notices that may be mailed incorrectly, including liability for all applicable taxes due, accrued interest, and the maximum penalty allowable by law. ***Please note: Incomplete or unsigned forms will not be processed.***

PRINT NAME:	SIGNATURE:	DATE:

SECTION 1: PROPERTY ADDRESS UPDATES

I am an owner of this property and want the NYC Department of Finance to:

☐ **Correct the address associated with this BBL.** I believe the address should be:

STREET AND UNIT	CITY	STATE	ZIP

SECTION 2: OWNER UPDATES

I am an owner of this property and want the NYC Department of Finance to:

☐ **Update owner name, co-op* unit owner, or mailing address to the following:**
(*Managing agents must submit the management agreement and stock certificate on behalf of the co-op unit owner.)

NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP

☐ **Send bills for this property to a third party:**

THIS PERSON IS MY: ☐ AGENT ☐ BANK/LENDER ☐ LESSEE/TENANT ☐ OTHER: _____

NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP
EMAIL ADDRESS	PHONE NUMBER		

☐ **Delete this mailing address:**

NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP

☐ **Remove this deceased owner from the address.** I have attached a copy of the death certificate. (Required.)

NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP

SECTION 3: NON-OWNER/THIRD PARTY UPDATES

I am an existing non-owner/third party who receives property tax bills for this BBL and I want to:

☐ **Indicate to whom property tax bills should be mailed. (Check one below)**

☐ BANK/LENDER ☐ AGENT ☐ OTHER: _____

NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP

☐ **Stop receiving mail at this address:**

☐ BANK/LENDER ☐ AGENT ☐ OTHER: _____

NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP

SECTION 4: POWER OF ATTORNEY OR EXECUTOR/ADMINISTRATOR OF AN OWNER'S ESTATE UPDATES

I have a power of attorney for an owner of this property. OR
I am the executor or administrator for the estate of an owner of this property.

☐ **I have attached copies of the (choose one):**

☐ POWER OF ATTORNEY ☐ DEATH CERTIFICATE / FILED WILL AND LETTERS TESTAMENTARY OR LETTERS OF ADMINISTRATION

Add my mailing address to the property to receive copies of the property tax bills:

OWNER NAME			
NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP

☐ **Update my name or mailing address to:**

OWNER NAME			
NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP

Instructions

Complete, sign, and submit this form. Unsigned or incomplete forms will not be processed.

Submit your form and any attachments:

- In person at a Department of Finance business center (locations at www.nyc.gov/visitdof).
- By email to changemymailingaddress@finance.nyc.gov.
- By mail: NYC Dept of Finance, Research & Corrections, 66 John St, 13th Floor, New York, NY 10038.