

New York City Department of Finance



REQUEST FOR COMPUTER DATA

INSTRUCTIONS: Use this form to request computer data. Upon completion of Parts A, B and C, fax this form to the Department of Finance, Legal Affairs Division, at 718-403-3650.

PART A: APPLICANT INFORMATION

1. Name of Applicant: \_\_\_\_\_ 2. Company Name: \_\_\_\_\_
3. Company Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Type of Business: \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_ 6. Fax Number: \_\_\_\_\_ 7. E-mail Address: \_\_\_\_\_

PART B: DATA REQUESTED

8. Describe the data you are requesting: \_\_\_\_\_
9. Indicate the purpose for which the data will be used:\* \_\_\_\_\_
10. Timeframe data is needed by: \_\_\_\_\_ 11. Preferred Media: (CHECK ONE ONLY)
 3490 cartridge  CD ROM (If available)
\*The authority for requesting this information is based upon Section 87(2)(b) and 89(2)(b)(iii) of the Public Officers Law. These sections permit us to protect personal privacy by withholding lists of names and addresses to be used for commercial or fund-raising purposes.

PART C: CERTIFICATION

I hereby affirm that the information provided on this request form is correct.
Signature \_\_\_\_\_ Date of request \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Company No.: \_\_\_\_\_ Request No.: \_\_\_\_\_ Date Received: \_\_\_\_\_
Approved by Legal Affairs \_\_\_\_\_ Disapproved by Legal Affairs \_\_\_\_\_
Reason disapproved: \_\_\_\_\_
Reviewed by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
Printed name
Approved by CCS \_\_\_\_\_ Disapproved by CCS \_\_\_\_\_
Reason disapproved: \_\_\_\_\_
Reviewed by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
Printed name
Comments: \_\_\_\_\_