

PROPERTY INFORMATION UPDATE FORM

PROPERTY AND CONTACT INFORMATION (REQUIRED)

ADDRESS AND UNIT	CITY	STATE	ZIP
BBL NUMBER		<input type="checkbox"/> 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.**

SIGNATURE:	DATE:
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I AM

An Owner _____ **Section 1**
 A Non-Owner _____ **Section 2**
 A Power of Attorney _____ **Section 3**
 An Estate Executor or Administrator _____ **Section 4**

GO TO

SECTION 1: OWNER UPDATES

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

<input type="checkbox"/> Correct the address associated with this BBL. I believe the address should be:			
STREET AND UNIT	CITY	STATE	ZIP
<input type="checkbox"/> Update my name or mailing address to the following:			
NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP
<input type="checkbox"/> Send bills for this property to a third party:			
THIS PERSON IS MY: <input type="checkbox"/> AGENT <input type="checkbox"/> LESSEE/TENANT <input type="checkbox"/> OTHER: _____			
NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP
EMAIL ADDRESS	PHONE NUMBER		
<input type="checkbox"/> Delete this mailing address:			
NAME	C/O (IF BUSINESS ADDRESS)		
STREET AND UNIT	CITY	STATE	ZIP
<input type="checkbox"/> 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 2: NON-OWNER/THIRD PARTY UPDATES

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

Update my name or mailing address to the following:

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

Stop receiving mail at this address:

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

SECTION 3: POWER OF ATTORNEY UPDATES

I have a power of attorney for an owner of this property.

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

I have attached a copy of the power of attorney. (Required.)

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

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

I am the executor or administrator for the estate of an owner of this property.

Send me copies of the property tax bills. I have attached copies of the death certificate, filed will, and letters testamentary or letters of administration. (Required.)

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

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.
- By email to changemymailingaddress@finance.nyc.gov.
- By mail: NYC Dept of Finance, Research & Corrections, 66 John St, 13th Floor, New York, NY 10038.