

CERTIFICATION OF CORRECTION OF VIOLATION(S)

Complete entire form and sign below.

State of New York)SS:

County of _____

I, _____ (PRINT NAME), swear or affirm under penalty of perjury as follows:

1. That I am the registered: (check applicable box)

- Owner of the property
- Officer or Director of the Corporation that owns the property
- Managing Agent of the property
- Otherwise registered as responsible for the property

2. If the building is a multiple dwelling, or I am the owner of a one or two-family house and neither I nor any family member occupies the dwelling, that I am currently registered with the Division of Code Enforcement for the subject property.

3. That I have examined the area(s) containing the violation(s) cited on the reverse side of this form and, to my knowledge such violation(s) whose number(s) I have listed below was (were) corrected on the date(s) I have indicated.

4. That, I have complied with the integrated pest management and work practices in accordance with Administrative Code §27-2017.8 and 28 RCNY § 54-04(a), including hiring certified pest management professional(s), if necessary.

NOV ID	Violation Number	Date Corrected	Name of Agent or Employee who Performed the Work	Address of Agent or Employee who Performed the Work

5. My signature below indicates that I am submitting a separate and distinct statement of correction for each violation listed above by Violation Number and I am aware that I am subject to penalties for false certification for each violation/failure certified on this form. (Additional sheets may be attached if more space is needed.)

Sworn to me this

_____ day of _____

Signature

Notary Public

Print Name

Phone Number