

DOING BUSINESS ACCOUNTABILITY PROJECT
REQUEST FOR REMOVAL FROM DOING BUSINESS DATABASE: INDIVIDUALS

This form is to be used by an individual who believes that s/he should not be listed in the Doing Business Database established by Local Law 34. If you are filing on behalf of an entity that believes that it should not be listed, please use page two of this form. Contact the Doing Business Accountability Project at 212-788-8104 or DoingBusiness@mocs.nyc.gov if your situation is not covered below or if you have any questions.

Full Name: _____

Home Address: _____

Work Phone: _____ Email Address: _____

Name of entity that the Doing Business Database shows you are affiliated with:

Please remove me from the Doing Business Database for the reason checked below:

I have never been affiliated with the entity shown above.

Although I am, or was, affiliated with the entity shown above, I have never held, or I no longer hold, a position covered by Local Law 34.

Positions covered include lobbyists, principal officers (CEO, CFO, COO or their functional equivalents), individuals that control 10% or more of the entity, and senior managers that have substantial discretion and high-level oversight regarding the entity's business dealings with the City.

Current position with entity (if any): _____

Date I left the position(s) shown in the database: _____

Officers, Owners and Managers: The entity you are or were affiliated with must complete a Doing Business Data Update Form to show that you do not hold a position covered by LL 34. The form is available at nyc.gov/mocs.

Lobbyists: The entity you are or were affiliated with must amend its lobbyist registration. Contact the City Clerk at 212-669-8171 for more information.

The entity never did, or no longer does, business with the City covered by Local Law 34.

The entity must fill out the Entity Removal Request on page two of this form.

The entity no longer exists.

The Entity Removal Request on page two of this form must be filled out on behalf of the defunct entity.

The information above is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

DOING BUSINESS ACCOUNTABILITY PROJECT
REQUEST FOR REMOVAL FROM DOING BUSINESS DATABASE: ENTITIES

This form is to be used by an entity that believes it should not be listed in the Doing Business Database established by Local Law 34. If you are an individual who believes that you should not be listed, please use page one of this form. Contact the Doing Business Accountability Project at 212-788-8104 or DoingBusiness@mocs.nyc.gov if your situation is not covered below or if you have any questions.

If the entity is listed in the Doing Business Database because it lobbies, do not use this form. Instead, please contact the Office of the City Clerk at 212-669-8171.

Entity Name:	_____		
TIN:	_____	Email Address:	_____
Contact Person:	_____	Phone Number:	_____

Please remove this entity, and all of the people affiliated with it, from the Doing Business Database for the reason checked below:

The entity no longer exists.

Date entity ceased to exist: _____

Did a successor entity take over the entity's business dealings with the City? **Yes** **No**

If Yes: New Entity Name: _____

New Entity EIN: _____

The new entity must complete a new Doing Business Data Update Form, available at nyc.gov/mocs.

The entity never did, or is no longer doing, any business with the City covered by Local Law 34. Local Law 34 covers the following types of business transactions: contracts, concessions, franchises, grants, economic development agreements, pension investments, real property transactions, land use actions, and proposals for contracts, concessions and franchises. The following types of contracts, concessions and franchises are exempt: publicly advertised competitive sealed bids not drawn from a prequalified list, emergency procurements and transactions of \$5,000 or less. All other contracts, concessions and franchises are covered by the Law.

Date City business stopped (if any): _____

Reason City business stopped:

Did a successor entity take over any of the entity's business dealings with the City? **Yes** **No**

If Yes: New Entity Name: _____

New Entity EIN: _____

The new entity must complete a new Doing Business Data Form, available at nyc.gov/mocs.

The information above is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

Return this form to the Doing Business Accountability Project, 253 Broadway, New York, NY 10007