



# OWNER'S REGISTRATION CARD

NEW YORK CITY DEPARTMENT OF FINANCE CENTRAL REGISTRATION  
25 ELM PLACE, 3RD FLOOR BROOKLYN, NY 11201

FOR OFFICE USE ONLY

**ONLY ONE (1) PROPERTY (BLOCK AND LOT) MAY BE REGISTERED WITH THIS CARD. MAKE PHOTOCOPIES IF YOU ARE REGISTERING MORE THAN ONE PROPERTY.**

Type or print in ink. Additional instructions appear on the reverse side of this card.

## PROPERTY OWNER'S INFORMATION (FOR GENERAL CORRESPONDENCE)

1. Borough the property is in: \_\_\_\_\_ Block:  Lot:

Owner's name - Fill either 2a or 2b only ▼

2a.	Individual Owner	FIRST	M. I.	LAST
2b.				
3.				
4.	Property Address			
4.	City			

5. If the property has more than one owner, check this box and see instructions

6. Owner's Tax Identification Number:

SSN (If owner is an individual or trust) -- or EIN (If owner is a corporation or partner-) -

7. Indicate owner's daytime telephone number: (\_\_\_\_\_) \_\_\_\_\_

## BILLING INFORMATION - REAL ESTATE TAX BILLS

IF YOUR MORTGAGE PAYMENTS INCLUDE YOUR REAL ESTATE TAXES, FILL IN THE NAME AND ADDRESS OF YOUR BANK/LENDER IN THE SPACE PROVIDED IN 9 BELOW. IF NOT, FILL IN THE NAME AND ADDRESS TO WHICH YOU ARE CHOOSING TO HAVE REAL ESTATE TAX BILLS

8. Indicate to whom Real Estate Tax bills should be mailed (Check  one) ▼

Bank/Lender  Owner  Tenant  Agent

If "TENANT" or "AGENT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SSN → -- or EIN → -

9. Name of Real Estate Tax Bill Recipient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you recently paid off your mortgage? (✓)  Yes  No

**BILLING INFORMATION - SPECIAL ASSESSMENT BILLS**

INDICATE TO WHOM SPECIAL ASSESSMENT BILLS SHOULD BE MAILED. (SEE INSTRUCTIONS FOR LINE

10. TYPE OF SPECIAL ASSESSMENT BILL:

Name of Recipient		
Address		
City	State	Zip Code

Relationship of addressee to property (Check  one) ▼

Owner

Tenant

Agent

If "TENANT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SSN →    -   -

EIN →   -

TYPE OF SPECIAL ASSESSMENT BILL:

Name of Recipient		
Address		
City	State	Zip Code

Relationship of addressee to property (Check  one) ▼

Owner

Tenant

Agent

If "TENANT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SSN →    -   -

EIN →   -

**NOTE: Water and Sewer Charge registration requires a different form. Contact the Bureau of Water and Energy Conservation at (718) 595-7000.**

11. Signature of owner or corporate officer (required by statute)

12. Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you need assistance in completing this form, please call Taxpayer Assistance at (718) 935-9500. Si usted necesita recibir asistencia en Español para llenar esto formulario, llame al (718) 935-9500 y solicite un Representante que hable Español.