



FINANCE
 NEW • YORK
 THE CITY OF NEW YORK
 DEPARTMENT OF FINANCE
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NEW YORK CITY DEPARTMENT OF FINANCE • OFFICE OF THE CITY REGISTER

APPLICATION TO CLAIM A REFUND

MAIL TO:

OFFICE OF THE CITY REGISTER, 66 JOHN STREET, 13TH FLOOR, NEW YORK, NY 10038

Borough:	Block:	Lot:
Transaction ID Number:		
Name of Applicant:		
Attorney or Representative (If Applicable):		
Address:		
City and State:		Zip Code:

Applicant's interest in the property listed above. Check the appropriate box:

Owner
 Title company
 Attorney

Other (Specify) _____

Amount of Refund Requested: \$ _____

Reason for Refund. Check the appropriate box:

Overpayment
 Double payment
 Cancellation

Other (Specify) _____

Name of Applicant: (Please print)	Applicant's Signature:	
Title (If Corporate Officer):	Phone Number: (____) _____	Date: ____/____/____

ATTACH COPIES OF THE CANCELLED CHECKS, RECEIPTS, AND COVER PAGES SHOWING PAYMENT OF THE CHARGES TO BE REFUNDED. FAILURE TO SUBMIT THE REQUESTED MATERIALS MAY DELAY THE PROCESSING OF YOUR APPLICATION. IF THE APPLICANT IS NOT THE PAYER, THE PAYER MUST COMPLETE THE CONSENT FORM ON PAGE 2.

PLEASE ALLOW 6 TO 8 WEEKS FOR YOUR CLAIM TO BE PROCESSED.

PLEASE DO NOT WRITE BELOW THIS LINE - FOR INTERNAL USE ONLY

Total Amount of Overpayment \$ _____		Total Amount of Refund \$ _____
Date Reviewed:	Reviewed By:	

PAYER'S CONSENT TO RECEIVE A REFUND

Only complete this portion of the application if the person applying for the refund is different from the person who originally paid the filing or recording fee.

Transaction ID:

Borough:

Block:

Lot:

Party to receive the refund:

Address:

City and State:

Zip:

I authorize the payment of the refund of recording or filing fees to be paid to the party named above.

Name:

Title:

Signature:

Date: