NYC BUILDINGS

# ELECTRICAL FIRM ACCOUNT - REQUEST FOR CANCELLATION/ADJUSTMENT

**Date of Request** _____ **Firm #**_____ **License #** _____

**Firm Account Name** _____**Tele #**_____

**Firm Address/Location**_____

**Application Control No.** _____ **Total Amount Requested:** $_____

**TRANSACTION TYPE (check one only and give detailed explanation on page 2 of 2):**

**[ ] Application modified before inspection**

**[ ] Application modified after inspection**

**[ ] Completion fee charged in error**

**[ ] Debit Error**

**[ ] Credit Error**

**[ ] Cancellation/Duplicate Filing**

**[ ] Cancellation/No work performed**

**[ ] Cancellation/Work Performed –Removed (No Credit)**

**[ ] Application error**

**[ ] Data entry error in the system**

**[ ] Transfer Account Balance**

**[ ] Debit - Payment of Violations**

**[ ] Fee Exempt**

**[ ] Rescind of Certificate**

**[ ] Other (Specify)** _____

**I hereby certify that the information above is accurate and I have attached the supporting documentation for the transaction above. Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.**

_____

**Applicant (Print Name)** **Signature** **Date**

***Note: This form will not be processed without a detailed explanation, signature and licensee' s seal noted on the back.***

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**(For Borough Office Use Only) Badge #** _____ **Inspection Date** _____

**Disposition Code:** _____ **[ ] Approved [ ] Denied**

_____ _____

**Processed By (Print Name)** **Signature** **Date**

**Comments:** _____

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**(For Central Insp. Cashier Use Only)** _____ _____**Received Date** _____

I hereby certify that I have reviewed all records relating to this request and the dispositions indicated are within the guidelines established.

_____ _____

**Processed By (Print Name)** **Signature** **Date**

_____ _____

**Unit Head/Designee (Print Name)** **Signature** **Date**

Comments:

_____

NYC BUILDINGS

## ELECTRICAL FIRM ACCOUNT - REQUEST FOR CANCELLATION/ADJUSTMENT

**Date of Request _____ Firm #_____ License # _____**

**Application Control No. _____**

**Explanation (Detail):**

_____

_____

_____

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_____

**I hereby certify that the information above is accurate and I have attached, on company letterhead, the supporting documentation for the transaction above. Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.**

_____ [AFFIX SEAL]

**Applicant (Print Name)** **Signature** **Date**

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**(For Fiscal Use Only) Tracking # _____Received Date _____**

**Amount Approved: $_____Adjustment Date: _____**

_____ _____

**Processed By (Print Name)** **Signature** **Date**

**Comments:**

_____