



CITY REGISTER RECORDING FEE REFUND REQUEST

INSTRUCTIONS: If you are requesting a refund of recording fees, please complete this application and mail to: Department of Finance, Division of Land Records, Administrative Support, 66 John Street, 13th Floor, New York, NY 10038.

Please read the instructions on Page 3 for further details before completing this form. Please print clearly.
REQUEST FOR A REFUND MUST BE MADE WITHIN 3 YEARS OF THE DATE OF PAYMENT. UCC PROCESSING FEES ARE NOT REFUNDABLE PURSUANT TO EXECUTIVE LAW 96-A.

SECTION I - GENERAL INFORMATION

- 1. Transaction ID: _____ 2. Borough: _____ Block: _____ Lot: _____
- 3. Amount of Refund Recording Fee Requested: \$ _____
- 4. Reason for Refund: (Check the applicable box) Overpayment of Recording Fee Double Payment of Recording Fee

SECTION II - APPLICANT INFORMATION

Part 1:

- 1. Name of Applicant: _____ 2. Email: _____
- 3. Address: _____
NUMBER AND STREET APT/FLOOR
- City: _____ State: _____ Zip Code: _____

Part 2:

- 1. Applicant's Interest in Property: Owner Title Co. Other (please specify) _____
- 2. Email: _____

SECTION III - ORIGINAL PAYER INFORMATION:

- 1. Original Payer: _____ 2. Email: _____
- 3. Address: _____
NUMBER AND STREET APT/FLOOR
- City: _____ State: _____ Zip Code: _____

SECTION IV - CERTIFICATION

SIGN HERE IF YOU ARE THE ORIGINAL PAYER OF THE FEE FOR WHICH A REQUEST FOR A REFUND IS BEING MADE

I am the payer of, or a duly authorized employee of, the corporation that paid the recording fee upon which this request is based. I certify that all statements made and information provided are true and correct. If the City of New York verifies that a credit exists for this transaction, I consent that the refund be paid to the above-named individual or entity. I also agree to release the City of New York from any claims arising from this refund and to reimburse the City for any costs resulting from claims arising from this refund. Any refund paid is subject to audit and recoupment. I understand that any willful false statements made herein may subject me to the penalties described in the Penal Law.

Signature Print Name Date

SIGN HERE IF YOU ARE NOT THE ORIGINAL PAYER OF THE FEE BUT HAVE BEEN DULY AUTHORIZED TO REQUEST AND RECEIVE REFUND

I certify that I have been properly authorized by the payer or entity responsible for payment of the recording fee upon which this claim is based. Any refund paid is subject to audit and recoupment, and I have so advised the party for whom I am making this application. I certify that all statements made and information provided on this application are true and correct to the best of my knowledge. I understand that any willful false statements made herein may subject me to the penalties described in the Penal Law.

Signature Print Name Date

CITY REGISTER RECORDING FEE REFUND REQUEST

GENERAL INFORMATION

PLEASE COMPLETE THIS FORM ONLY IN THE FOLLOWING CASES:

- There has been an overpayment of a recording fee on a document transaction
- There has been a double payment of recording fees applied on a document transaction

DO NOT COMPLETE THIS FORM IF:

- You believe you overpaid the mortgage recording tax and wish to apply for a refund. See www.tax.ny.gov/pit/mortgage/mtgidx.htm
- You believe you overpaid the New York State Real Estate Transfer Tax (TP584). See www.tax.ny.gov/bus/transfer/rptidx.htm
- You believe you are entitled to a refund of an overpayment of NY Real Property Transfer Tax (RPTT) : Please submit a written request, and include proof of payment (front and back of the cancelled check) to: NYC Department of Finance, Business/Excise Tax Refund Unit, 59 Maiden Lane, 20th floor, New York, NY 10038.

INSTRUCTIONS

PLEASE READ CAREFULLY

Please provide one of the following as proof of payment: cancelled check, receipt, or payment cover page. Complete one refund request form for each Transaction ID.

Section I General Information:

- Transaction ID number is on the recording and endorsement cover page
- Borough/Block/Lot is on the recording and endorsement cover page
- Check the appropriate box that indicates the reason for the refund

Section II Applicant Information:

- Print all information clearly in ink

Section III Original Payer:

THIS SECTION MUST BE COMPLETED IN ORDER TO PROCESS REFUND CLAIM

Section IV: Sign the applicable certification

Section V: Print clearly the name of the person or entity to whom the check is to be made payable so the check can be mailed. Provide the party's complete mailing address including Apartment Number and Zip Code.

If you have any questions regarding this form, please email us at: nycr@finance.nyc.gov

Mail your completed City Register Recording Fee Refund Request along with requested documentation to:

NYC Department of Finance
Division of Land Records
Administrative Support
66 John Street, 13th Floor
New York, NY 10038