



THE CITY OF NEW YORK
DEPARTMENT OF INFORMATION TECHNOLOGY & TELECOMMUNICATIONS

Paul J. Cosgrave, Commissioner

Office of Franchise Administration

Change of Phone Number form

Company Name: _____

Company Address: _____

Company Phone: () _____ - _____ Fax: () _____ - _____

Contact: _____ E-Mail: _____

ALL PHONE NUMBERS LISTED MUST BE IN NUMERIC ORDER

No.	Old Telephone No.		New Telephone No.		Street Address		PPTID #
	Area Code	Phone Number	Area Code	Phone Number	Building Number	Street Name	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Signature: _____

Title: _____

Date: _____

OFFICE USE ONLY		
INITIALS	DONE	MAIL/FAX/E-MAIL

75 Park Place, 9th Floor
New York, NY 10007

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E-mail: ptis@doitt.nyc.gov