



Melanie E. La Rocca
Chairperson

Helaine Balsam
Executive Director

280 Broadway, 5th Floor
New York, New York 10007
nyc.gov/loftboard

(212) 393-2616 • Fax: (646) 500-6169

CHANGE OF ADDRESS/OWNERSHIP

Please complete in full if there is a change in ownership, managing agent and/or address. For a change in ownership, please attach a certified copy of the deed.

Date: _____

CHANGE OF: _____ OWNERSHIP _____ ADDRESS

BUILDING INFORMATION

House #	Street Name	Borough	IMD #	Alt. Appl. No.
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OWNER INFORMATION

Name	Daytime Phone ()	24 Hour Emergency Contact:
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Type of Ownership: Please circle one:

- PARTNERSHIP CORPORATE PARTNERSHIP CORPORATE LESSEE
CORPORATION INDIVIDUAL

If corporate entity, please provide Employer Tax Identification Number: _____

Business Address _____

Home Address _____

EFFECTIVE DATE OF THE CHANGE OF OWNERSHIP OR ADDRESS: _____

If owner is a corporation, complete this section

OFFICERS OF CORPORATION

NAME	ADDRESS	PHONE NUMBER
President	Business	
	Home	
Vice President	Business	
	Home	
Secretary	Business	
	Home	
Treasurer	Business	
	Home	

Managing Agent
(Natural Person Only)

Business Address	Phone Number
Home Address	Phone Number

I CONSENT TO THE DESIGNATION AS MANAGING AGENT OF THE ABOVE PREMISES:

Signature of Managing Agent

Date

TO THE OWNER: If the entire building is leased, give Lessee's Name and Address
(If corporate entity, give the entity's Name and Address and Tax ID number):

Lessee

Business Address	Phone Number	Tax ID Number
Home Address	Phone Number	

I CERTIFY UNDER PENALTIES PROVIDED BY LAW, INCLUDING FINES AND/OR IMPRISONMENT,
THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

Print Name of Signatory

Signature of Owner, Officer
of Corporation, or Lessee

Date