



Loft Board
Applicant Information:

FOIL Request Form

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

TEL: (212) 393-2616
FAX: (646) 500-6169

Date: _____

Location Information:

House No(s) _____ Street Name _____

Borough _____ IMD No. _____

Requestor Information:

NAME: _____ MAILING ADDRESS: _____ CITY, STATE _____ ZIP CODE: _____ UNIT: _____ PHONE: () _____ EMAIL ADDRESS: _____	REQUESTOR IS: <input type="checkbox"/> Owner <input type="checkbox"/> Residential Tenant <input type="checkbox"/> Commercial/Manufacturing Tenant <input type="checkbox"/> Other (<i>Specify</i>) _____
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I am requesting to view the following files for the above premises:

I am requesting copies of the following files for the above premises:

Registration

Correspondence

Violations, Summonses

Sales of Rights/Fixtures

Narrative Statements & Plans

Case files

Other (*please specify*): _____

Pursuant to 29 RCNY § 2-05(d), personal and confidential information contained in leases submitted together with registration forms, including all information which could lead to the identification of the premises, landlords or tenants, shall be confidential to the extent allowed by New York State Public Officers Law § 84 et. seq. However the current owner of the building or the current occupant of a unit *may* have access to such information, as *necessary*, in connection with an application filed with the Loft Board or a case filed in a court of competent jurisdiction.