

Please read the instructions on page 3 before completing this Power of Attorney (POA).

1. Principal Information Please print or type. Principal must sign below in section 6

PRINCIPAL NAME (PLEASE PRINT)		ENTITY TYPE (IF APPLICABLE) <input type="checkbox"/> Corporation <input type="checkbox"/> Trustee <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
OFFICER/TRUSTEE/PARTNER NAME (IF APPLICABLE)		STATE OF INCORPORATION (IF APPLICABLE)	
MAILING ADDRESS	CITY	STATE	ZIPCODE
OFFICER/TRUSTEE/PARTNER MAILING ADDRESS (IF APPLICABLE)	CITY	STATE	ZIPCODE

The Principal named above appoints the individual(s) named below as the Principal's attorney(s)-in-fact to represent the Principal in connection with the New York City Department of Finance ("DOF") matter(s) listed in section 3.

2. Representative Information Representative(s) must complete section 7 on page 2 of this form.

REPRESENTATIVE'S NAME		TELEPHONE NUMBER ()	FAX NUMBER ()
MAILING ADDRESS (INCLUDE FIRM NAME, IF ANY)		CITY	
STATE	ZIPCODE	E-MAIL ADDRESS	
REPRESENTATIVE'S NAME		TELEPHONE NUMBER ()	FAX NUMBER ()
MAILING ADDRESS (INCLUDE FIRM NAME, IF ANY)		CITY	
STATE	ZIPCODE	E-MAIL ADDRESS	

3. Matter(s) Please describe the type of matter (for example, parking summons, tax lien agreement, etc.)

Type(s) of Matter	Description

The Principal grants the representative(s) full power to receive confidential information and to perform any and all acts that the Principal can perform with respect to the matter(s) specified above. If you do not want any of the above representative(s) to have full power as described above, attach a signed and dated explanation and mark an **X** in this box.....▶

Under no circumstances may a representative assign or delegate the above powers to a third party. Principals may execute a new form to reassign powers granted to a prior representative or revoke prior powers granted at any time.

4. Retention/Revocation of Prior Power(s) of Attorney

This power of attorney applies only to matters administered by DOF. Executing and filing this POA revokes all powers of attorney previously executed and filed with DOF for the same matter(s) covered by this document. If there is an existing POA that you do not want revoked, attach a signed and dated copy of each POA you want to remain in effect and mark an **X** in this box▶

5. Notices and Certain Other Communications

In the event a notice or letter must be sent to you (the Principal), and you would like a representative to receive such notice or letter, enter the name of the representative from those designated on page 1 that you want to receive notices, etc.

Representative's Name: _____

If you do not want notices and certain other communications to go to any representative, enter None on the line above.

6. Principal's Signature

If the Principal named in section 1 is **not** an individual: I certify that I am a corporate officer, qualified partner (except a limited partner), qualified member or manager of a limited liability company, or fiduciary on behalf of the Principal, and that I have the authority to execute this power of attorney on behalf of the Principal. I understand that DOF may require me to provide documentation to verify my capacity and retain this information along with this Power of Attorney.

If the Principal named in section 1 is an individual, complete this section but leave "Title" blank.

► **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED. PRINCIPAL MUST SIGN BELOW:**

I authorize the above representative(s) to act as my Attorney-in-fact for the matter(s) indicated above.

SIGNATURE	PRINCIPAL TELEPHONE NUMBER ()	PRINCIPAL FAX NUMBER ()	DATE
NAME OF PERSON SIGNING THIS FORM (TYPE OR PRINT)		TITLE, IF APPLICABLE	

7. Declaration of Representative(s) *(To be completed by each representative)*

I agree to represent the above named Principal in accordance with this power of attorney. I affirm that my representation will not violate the provisions of the Ethics in Government Act or section 2604(d) of Chapter 68 of the New York City Charter restricting appearances by a former government employee before his or her former agency. I have read a summary of these restrictions reproduced in the instructions to this form.

I am *(indicate all that apply)*:

1. an attorney-at-law licensed to practice in New York State
2. a certified public accountant duly qualified to practice in New York State
3. a public accountant enrolled with the New York State Education Department
4. a New York State resident enrolled as an agent to practice before the Internal Revenue Service
5. an employee, not a corporate officer (if the Principal is a corporation)
6. other: _____

Designation(s) (Use number(s) from above list)	Representative's Name	Signature	Date

► **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED IN ITS ENTIRETY, THE POWER OF ATTORNEY WILL BE RETURNED.**

8. Acknowledgment

This power of attorney must be acknowledged by the Principal before a notary public. The person signing as the above Principal appeared before me and executed this power of attorney.

Notary Acknowledgement

State of _____ ss:

County of _____

On this _____ day of _____ before me personally

came, _____ to me known to be the person(s) described in the foregoing power of attorney;

and he/she/they acknowledged that he/she/they executed the same

SIGNATURE OF NOTARY PUBLIC	DATE
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Notary public: affix stamp (or other indication of your notary authority)

General Information

Filing this Form — An original, photocopy, or facsimile transmission (fax) is acceptable. This form should be filed in a conspicuous manner. It should not be attached to or incorporated in any return, report, or other document that is routinely filed unless the return, report, or other document specifically provides for such attachment or incorporation. Sign and date all copies of documents attached to this form.

Specific Instructions

1. Principal Information

Corporations, partnerships, limited liability companies (LLC), or other entities — Enter the legal name of the entity and the name of the officer who is granting the Power of Attorney in the line under the name of the entity; be sure to check the box and include the business address.

Trusts — Enter the name of the trust, and the name, title, and address of the trustee.

2. Representative Information

Enter each representative's name, mailing address (including firm name, if any), telephone number, fax number, New York tax preparer registration identification number (NYT-PRIN) if applicable, and e-mail address. Only individuals may be named as representatives. You may appoint more than one individual to represent you. You may not appoint a firm to represent you.

The words "representative" and "attorney-in-fact" may be used interchangeably on this form and refer to the individual(s) named in this section.

Attach additional sheets if necessary.

3. Matter(s)

Enter the matter type (e.g., real property agreement, parking summons, etc.). More than one matter type may be entered. Please provide a brief description of the issue(s) to be resolved with DOF in the "Description" field.

Note: Representatives may NOT delegate or reassign powers authorized under this form under any circumstances.

4. Retention/Revocation of Prior Power(s) of Attorney

This POA only applies to matters administered by NYC Department of Finance. Executing and filing this POA revokes all POAs previously executed and filed with this agency for the same matter(s) covered by this form. Executing and filing this POA does not revoke any other POA, including a POA executed under the General Obligations Law, for matters not listed on this POA. If there is an existing POA filed with this agency that you do not want revoked, attach a signed and dated copy of each POA you want to remain in effect and mark an X in the box on this form.

6. Principal's Signature

This form must be signed by the Principal or by an individual who is authorized to execute the POA on behalf of the Principal. The Principal or the individual authorized to execute the POA on behalf of the Principal may be required to provide identification and evidence of authority to sign this POA. If not signed and dated, this POA will be returned.

"Title" refers to the position of the individual signing on behalf of the Principal where the Principal is not an individual. The "Title" field should be completed only if the principal is not an individual.

Corporations — The president or any other officer of the corporation having authority to bind the corporation must sign this form.

Partnerships — If the POA is executed on behalf of the partnership only, it must be signed by a partner authorized to act for the partnership

Limited Liability Companies — If the POA is executed on behalf of the LLC only, it must be signed by any member or manager duly authorized to act for the LLC.

Others — This form must be signed by the Principal or by an individual having the authority to act in the interest of the Principal.

8. Acknowledgment of the Power of Attorney

The Principal's signature on this form must be acknowledged before a notary public.

Notary Public: Affix stamp (or other indication of your notary authority).