



212-615-8329 housing@recovery.nyc.gov nyc.gov/builditback

## F8: Communication Designation Authorization

I, the undersigned ("Applicant"), hereby appoint the individual named below:

Representative's name	Phone number	Fax number
Mailing address	Email address	
City	State	Zip

as my communication designee (the "Designee"). I authorize the City of New York (the "City") and its assigns, employees, agents, and contractors (collectively, the "Assistance Providers") to communicate with the Designee about my application for benefits from the NYC Build It Back program (the "Program"). I grant my Designee full power to receive confidential information about me, including all information that I have provided to the Program and the information that the Program has received from third-party sources, including: federal, state and local agencies; insurance companies; financial institutions; and philanthropic organizations, relating to the Program.

I do not authorize the Designee to receive any benefits on my behalf, make binding decisions on my behalf, or otherwise represent my interests.

If I wish to expand the authority of the Designee, I may do so by requesting from the Program and submitting to the Program a Power of Attorney form.

## Indemnification

I agree to indemnify the City of New York (the "City") and its Assistance Providers for any claims against the City and/or the Assistance Providers and from costs and expenses to which the City and/or the Assistance Providers may be subjected or which they may suffer or incur allegedly arising out of or in connection with this Communication Designation. I understand that any termination of this Communication Designation, whether the result of my revocation of the Communication Designation or otherwise, is not effective as to the City and/or Assistance Providers until the Assistance Providers have actual notice or knowledge of the termination.

## Termination

This Communication Designation continues until the termination of the Program or until I revoke it. A sample revocation of a Communication Designation is annexed hereto as Appendix A.

Owner	(Print	Name)
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Rev 4 Aug. 2016 Manual Fill

## **Communication Designation Revocation**

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	day of	· · ·	,	\	
Commu			ne Applicant hereby revoke nority, rights and power the	•	

Owner (Print Name)

Signature

Date