

Registration Assistance Unit Office of Enforcement & Neighborhood Services P.O. Box 3888, Church Street Station New York, NY 10008-3888

APPLICATION TO INVALIDATE PROPERTY REGISTRATION

I,(Name o	of Former Owner) conveyed title of	the property located at
	("Premises"), on	(Date). At least 30 days have
elapsed from the date I conveyed title of the	premises.	
Borough Block and Lot _	·	
Pursuant to New York City Housing Mainte	enance Code ("HMC") §27-2099 (d), I hereby request the NYC Department
of Housing Preservation and Development	"HPD") invalidate the property reg	istration for the Premises. I understand
that such invalidation will be for the limited	purpose of service notices and ord	ers under the HMC to be served upon the
last registered owner or last registered mana	iging agent.	
I have attached the transfer of title of the Pro-	emises as proof of transfer of title p	roperty.
Please mail the letter confirming my Invalid	lation to:	
Address	City & State	Zip Code
Sworn to me this		
Day of, 20	- Signat	ure of Owner
	-	
DO NO	OT ALTER THIS FORM IN ANY W	VAY
	URN COMPLETED FORM T tation – P. O. Box 3888 – New York	
THIS SECTION IS FO	OR REGISTRATION ASSISTANCE	E UNIT USE ONLY
Date Received: Building MD	R#: MIN#:	BBL:
Notes:		
Accepted: Rejected:	Rejection Reason:	
Processed by:	Date Processed:	