

## Padlock Enforcement Unit 280 Broadway, 5th floor New York, NY 10007 212.393.2622 212.566.3015 fax

## Request for Rescission of an Order of Closure

**Instructions:** Complete and notarize form. Return form with original signature to the Padlock Enforcement Unit at the address above.

Note: A compliance inspection by the Department will be required before rescission if one has not

been cond	lucted.	·
I,		, swear or affirm that the following statements are true.
	(print name)	
I am	the owner	
	] the mortgagee	
	a person having an interest	
		(specify interest)
in		
<u></u>		closed premises including borough)
The illegal	commercial and/or manufacturin	g use(s) of the premises, which resulted in an Order of
Closure, dated		
(date of order)		nave been discontinued and will not recal.
		Signature
		Print name
		Telephone number
Sworn on		
	(date)	
in the State of		<u> </u>
1. 0. 0.	(State)	
in the County of		<u> </u>
	(County)	
Notary Public signature		<del>_</del>