



**Reconsideration: Tax Abatement Order**

**1. Mailing Address of Tenant or Representative:**

Name: \_\_\_\_\_  
 Number/Street \_\_\_\_\_ : \_\_\_\_\_  
 \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: ( ) \_\_\_\_\_

**2. Mailing Address of Owner/Agent:**

Name: \_\_\_\_\_  
 Number/Street: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: ( ) \_\_\_\_\_

**3. Subject Building:**

(Number and Street)

(City, State, Zip Code)

4. This form is being filed by the  Owner or  Tenant, against the Tax Abatement Order issued on  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ under Docket No. \_\_\_\_\_.

**Instructions**

- A. File the original of this form with the Division of Housing and Community Renewal (DHCR) at the address given above, within 35 days of the issuance date of the tax abatement order.
- B. Until an order is issued determining your challenge, the tax abatement order that is the subject of this challenge remains in effect.

**Reason for the reconsideration request**

- Income was not properly calculated.
- Legal Rent was not properly calculated.
- Other

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please attach and submit documentation to support your reconsideration request.

Required signature of applicant or designated representative: \_\_\_\_\_

Date: \_\_\_\_\_