State of New York Division of Housing and Community Renewal
Processing Services Unit, Hampton Plaza, 38-40 State Street, Albany, NY 12207
DHCR website: www.dhcr.state.ny.us

INITIAL BUILDING SERVICES REGISTRATION

1. Building ID Number _____

Building Type *(check one)* ☐MDR ☐ETPA ☐Hotel

2. Building Street Address

3. City, Town or Village

4. Zip Code (plus 4)

NY

5. County

6. Managing Agent Name

LAST FIRST M.I.

(if building is Coop or Condo give corporation or association name)

7. Street Address

8. City, Town, or Village 9. State 10. Zip Code

11. Telephone Number

( )

12. Number of Floors/Stories in building:

13. Heat Paid By:

☐ Owner ☐ Tenant

14. Fuel Type *(check all that apply)*

☐ Oil; *(check number)* ☐ #2 ☐ #4 ☐ #6

☐ Gas ☐ Gas/Oil Interruptible

☐ Electric ☐ Steam ☐ Coal

15. **Building Wide Services** provided by building owner to all tenants in building and included in rent. All services shown with an "X" below:

☐ Electricity

☐ Cooking Fuel

☐ Laundry Room

☐ Trash Disposal/Removal

Maintenance Services:

☐ Full Time ☐ Part Time Number of Employees: _____

☐ Central Air Conditioning

☐ Master TV Antenna

☐ Recreational Facilities

☐ Storage Space

☐ Intercom, Bell & Buzzer System

☐ Bell & Buzzer System

☐ Central Switchboard

☐ Front Desk/Secretarial

☐ Door/Lobby Attendant _____ Hours/Day

☐ Attended Elevator _____ Hours/Day

☐ Automatic Elevator

Other *(specify)*_____

16. Date Posted _____/_____/_____
Month Day Year

To All Tenants: Review the information given above by your building's owner. Verify that all services provided to your building are indicated (items 13, 14, 15). Also review the Apartment Registration form sent by the owner to all Rent Stabilized and ETPA tenants. If you are a Stabilized or ETPA tenant and did not receive a copy of the Apartment Registration from, contact you building management (items 6-11).