



State of New York
Division of Housing and Community Renewal
 Office of Rent Administration
 Web Site: www.nysdchr.gov

Docket Number:

**Owner's Request For A Prior Opinion
 On Major Capital Improvement(s)**

Mailing Address of Owner:

Name: _____
 Number and Street: _____ Apt. No.: _____
 City, State, Zip Code: _____

Subject Building:

Number and Street

Apt. No.

City, State, Zip Code

I hereby request a Prior Opinion as to whether the item(s) described below constitutes a Major Capital Improvement(s):

Type And Description Of Improvement/Installation	Reason For Improvement (Give Age Of Existing Item, If Applicable)	Estimated Cost (Exclude Finance Charges, Etc.)

(Use additional sheets if necessary)

_____ Date

_____ Signature of Owner