



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: _____