



## INITIAL BUILDING SERVICES REGISTRATION

1. Building ID Number _____  Building Type (check one) <input type="checkbox"/> MDR <input type="checkbox"/> ETPA <input type="checkbox"/> Hotel 2. Building Street Address _____ 3. City, Town or Village _____    4. Zip Code (plus 4) _____ <p style="text-align: center;">NY</p> 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: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant 14. Fuel Type (check all that apply)  <input type="checkbox"/> Oil; (check number) <input type="checkbox"/> #2 <input type="checkbox"/> #4 <input type="checkbox"/> #6 <input type="checkbox"/> Gas <input type="checkbox"/> Gas/Oil Interruptible <input type="checkbox"/> Electric <input type="checkbox"/> Steam <input type="checkbox"/> Coal	15. <b>Building Wide Services</b> provided by building owner to all tenants in building and included in rent. All services shown with an "X" below:  <input type="checkbox"/> Electricity  <input type="checkbox"/> Cooking Fuel  <input type="checkbox"/> Laundry Room  <input type="checkbox"/> Trash Disposal/Removal  Maintenance Services: <input type="checkbox"/> Number of Employees: Full Time _____ Part Time: _____  <input type="checkbox"/> Central Air Conditioning  <input type="checkbox"/> Master TV Antenna  <input type="checkbox"/> Recreational Facilities  <input type="checkbox"/> Storage Space  <input type="checkbox"/> Intercom, Bell & Buzzer System  <input type="checkbox"/> Bell & Buzzer System  <input type="checkbox"/> Central Switchboard  <input type="checkbox"/> Front Desk/Secretarial  <input type="checkbox"/> Door/Lobby Attendant _____ Hours/Day  <input type="checkbox"/> Attended Elevator _____ Hours/Day  <input type="checkbox"/> Automatic Elevator  Other (specify) _____  <hr style="border: 1px solid black; width: 100%;"/> 16. Date Posted    _____ / _____ / _____ <p style="text-align: center;">Month          Day          Year</p>
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**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 your building management (items 6-11).