



CITY REGISTER RECORDING FEE REFUND REQUEST

INSTRUCTIONS: If you are requesting a refund of recording fees, please complete this application and mail it to:
NYC Department of Finance, Division of Land Records, Administrative Support, 66 John Street, 13th Floor, New York, NY 10038.

- Complete one refund request form for each transaction ID.
- Please read the instructions on page 3 for help completing this form. Please print clearly.
- Provide one of the following as proof of payment: cancelled check, receipt, or payment cover page.
- Refund requests must be made within three years of the date of payment.
- UCC processing fees are not refundable pursuant to Executive Law 96-A.

SECTION I: GENERAL INFORMATION

1. Transaction ID: _____ 2. Borough: _____ Block: _____ Lot: _____
3. Amount of Refund Recording Fee Requested: \$ _____
4. Reason for Refund (Check the Applicable Box): Overpayment of Recording Fee Double Payment of Recording Fee

SECTION II: APPLICANT INFORMATION

Part 1:

1. Name of Applicant: _____
2. Address: _____
NUMBER AND STREET APT/FLOOR
- City: _____ State: _____ ZIP Code: _____
3. Email: _____ Phone Number: _____

Part 2:

1. Applicant's Interest in Property: Owner Title Co. Other (please specify) _____
2. Email (if different from above): _____
- Phone Number (if different from above): _____

SECTION III: ORIGINAL PAYER INFORMATION

1. Original Payer: _____
2. Address: _____
NUMBER AND STREET APT/FLOOR
- City: _____ State: _____ ZIP Code: _____
3. Email: _____ Phone Number: _____

SECTION IV: CERTIFICATION

SIGN HERE IF YOU ARE THE PAYER OR AN AUTHORIZED EMPLOYEE OF THE PAYER OF THE FEE FOR WHICH A REFUND REQUEST IS BEING MADE.

I am the payer of the recording fee or a duly authorized employee of the corporation that paid the recording fee for which this refund is requested. I certify that all statements made and information provided herein are true and correct to the best of my knowledge. If the City of New York verifies that a credit exists for this transaction, I consent that the refund be paid to the above-named individual or entity. I also agree to release the City of New York from any claims arising from this refund and to reimburse the City for any costs resulting from claims arising from this refund. Any refund paid is subject to audit and recoupment. I understand that any willful false statements made herein may subject me to the penalties described in the Penal Law.

Signature

Print Name

Date

SIGN HERE IF YOU ARE NOT THE ORIGINAL PAYER OF THE FEE BUT HAVE BEEN DULY AUTHORIZED TO REQUEST AND RECEIVE THE REFUND.

I certify that I have been properly authorized to submit this refund request by the payer or entity that paid the recording fee for which this refund is requested. I have advised the party for whom I am submitting this application that any refund paid is subject to audit and recoupment. I certify that all statements made and information provided herein are true and correct to the best of my knowledge. I understand that any willful false statements made herein may subject me to the penalties described in the Penal Law.

Signature

Print Name

Date

SECTION V: COMPLETE THIS PORTION OF THE APPLICATION ONLY IF THE PERSON APPLYING FOR THE REFUND IS NOT THE PERSON WHO ORIGINALLY PAID THE RECORDING FEE.

1. Make refund check payable to: _____

2. Address: _____
NUMBER AND STREET APT/FLOOR

City: _____ State: _____ ZIP Code: _____

PLEASE DO NOT WRITE BELOW THIS LINE - FOR INTERNAL USE ONLY

Date Received

Reviewed By

Date Reviewed

CITY REGISTER RECORDING FEE REFUND REQUEST

GENERAL INFORMATION

PLEASE COMPLETE THIS FORM ONLY IN THE FOLLOWING CASES:

- There has been an overpayment of a recording fee in a document transaction
- There has been a double payment of recording fees in a document transaction

DO NOT COMPLETE THIS FORM IF:

- You believe you overpaid the mortgage recording tax and wish to apply for a refund. See www.tax.ny.gov/pit/mortgage/mtgidx.htm
- You believe you overpaid the New York State real estate transfer tax (TP584). See www.tax.ny.gov/bus/transfer/rptidx.htm
- You believe you are entitled to a refund of an overpayment of New York City real property transfer tax (RPTT): Instead, please submit a written request and proof of payment (front and back of the cancelled check) to: NYC Department of Finance, Business/Excise Tax Refund Unit, 59 Maiden Lane, 20th Floor, New York, NY 10038.

INSTRUCTIONS

PLEASE READ CAREFULLY

Please provide one of the following as proof of payment: cancelled check, receipt, or payment cover page. Complete one refund request form for each transaction ID.

Section I: General Information

- The transaction ID number can be found on the recording and endorsement cover page.
- The borough/block/lot number is on the recording and endorsement cover page. You can also look up your BBL at www.gov/bbl.
- Be sure to check the appropriate box that indicates the reason for the refund.

Section II: Applicant Information

- Print all information clearly in ink.

Section III: Original Payer

This section must be completed in order for the Department of Finance to process your refund request.

Section IV: Sign the applicable certification.

Section V: Clearly print the name of the person or entity to whom the check is to be made payable so the check can be mailed. Provide the party's complete mailing address, including apartment number and ZIP code.

If you have any questions regarding this form, please visit www.nyc.gov/propertyrefunds.

Mail your completed City Register Recording Fee Refund Request Form, along with all required documentation, to:

NYC Department of Finance
Division of Land Records
Administrative Support
66 John Street, 13th Floor
New York, NY 10038