



**TAX COMMISSION OF THE CITY OF NEW YORK**  
**1 Centre Street, Room 2400, New York, NY 10007**

**TC155**  
**2016**

**AMENDMENT OF APPLICATION**

**INSTRUCTIONS:** File this form to change the representative named in the original application for correction of an assessment, including a change to self-representation, or to make another procedural change. Check the appropriate change below, provide the information or documents requested, and sign as indicated. Do not use this form to supply additional or corrected factual information in support of your claims. Use Form TC159 *Affidavit in Support of Application* to submit factual information or documents.

**INFORMATION FROM ORIGINAL APPLICATION AND HEARING SCHEDULE**

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR <b>2016/17</b>
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APPLICANT \_\_\_\_\_

REPRESENTATIVE \_\_\_\_\_

HEARING DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CALENDAR PAGE \_\_\_\_\_ HEARING OFFICER \_\_\_\_\_

**CHANGE REPRESENTATIVE**

**The designation of representative in the original application is hereby revoked.** The new representative is named here. The change will only affect future actions by the Tax Commission. Scheduled hearings will not be rescheduled, and any resulting loss of notice is at the applicant's risk. Provide the information requested here about the new representative. The applicant must sign below to change the representative.

PHONE NO. (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ FAX NO. (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

NAME OF PERSON OR FIRM TO BE CONTACTED \_\_\_\_\_ GROUP #, IF ANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

The person listed is:  The applicant  An attorney  A paid representative  Other \_\_\_\_\_

**CHANGE APPLICANT**

**A new applicant is substituted for the original applicant.** If the applicant had standing when the initial application was filed, the application remains valid to establish jurisdiction for a judicial proceeding despite a subsequent transfer of the applicant's interest. When a transfer occurs between the filing and the hearing, the transferee must be substituted for the original applicant to obtain review of the application. When a transfer occurs after the hearing and before an offer is accepted, the transferee must be substituted to request a re-offer, unless the transferor's time to file a petition expired before the transfer and a petition was not filed. Complete and attach an amended application by the new applicant to TC155. Include Form TC230 *Sale Statement*, or Form TC200, and supporting documents where applicable. In the space provided here, describe the relationship between the original and new applicant, including family relationships, any form of common control among business entities, and any continuing agreement to share control or proceeds from assessment review proceedings. If the original applicant lacked standing, the defect cannot be cured by a change of applicant after the filing deadline. **Consent of the original applicant who sells the property to substitute a new applicant is required when the transfer occurs on or after July 1.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT MUST SIGN TO CHANGE REPRESENTATIVE; OUTGOING APPLICANT'S CONSENT TO SUBSTITUTION**

Print name of person signing: \_\_\_\_\_

Signer is:  The person who signed the original application  Officer of corporation applicant  Member or manager of limited liability company applicant  
 Partner of partnership applicant  Other. Explain and attach proof of authorization: \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**WITHDRAW A PERSONAL HEARING REQUEST, APPLICATION, CLAIM, OR RAISE CLAIMED VALUE**

**Applicant withdraws request for personal hearing.** If you requested a personal hearing, but now wish to have your application reviewed on the papers submitted, you may withdraw the hearing request before the scheduled hearing date.

**Applicant withdraws the application.** A withdrawn application is deemed to have been never filed; it cannot support a proceeding for judicial review. If you were sent a notice of duplicate applications, you may sign and return that notice to withdraw your application and clear the other application for review. For this purpose, your withdrawal on this form must be received by the Tax Commission by the date specified in the duplicate notice. Use this form if the duplicate notice is unavailable or your withdrawal is for another purpose.

**Applicant withdraws a claim. State the claim withdrawn here.**

**Applicant increases the claimed value. State the higher claimed value here.**

**REPRESENTATIVE MUST SIGN TO WITHDRAW HEARING REQUEST, APPLICATION, CLAIM, OR RAISE CLAIMED VALUE**

REPRESENTATIVE NAMED IN ORIGINAL APPLICATION. Print name of person signing: \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_