



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 Centre Street, Room 200 South
New York, New York 10007

Select One Option:

- Retainage
- Franchise

Agency Request for New Bond Substitution Account/ Account Update

Agency Name: _____ Agency #: _____
 Vendor Name: _____ Vendor #: _____
 Address: _____ Contract #: _____
 City: _____ State: _____ Zip: _____ Tax ID #: _____
 Email Address: _____ Account #: _____
(N/A Created)
 Request Type: New Account

Summary Of Retainage/Franchise Account (To be completed by Agency)

Total Retained or Deposited - Cash: _____ Cash Balance: _____
(Equals Total Cash Less Substitution)
 Beg. Req. Min Market Value _____
 Change Request: Required Min. Market Value: _____

Department Certification:

Signature: _____ Date: _____
 Title: _____

Engineering Audit Officer's Certification:

Signature: _____ Date: _____
 Title: _____

Agency Verification:

Signature: _____ Date: _____
 Title: _____

For Custodial Unit Use Only.
 RECEIVED BY: _____ DATE: _____
 PROCESSED BY: _____ DATE: _____
 ***There is a \$375.00 annual custodial Fee that must be collected
 in order to process new account deposits.***

****All information Required. Transactions will NOT be processed if incomplete information is submitted****
 For any questions please contact the Custodial Accounts Unit [CustodialUnit@comptroller.nyc.gov]



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Select One Option:

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New Transaction Request

Deposit Substitution Release

Vendor Name: _____ Account #: _____
 Address: _____ Contract #: _____
 City: _____ State: _____ Zip: _____ Beginning MMV: _____
 Email Address: _____ Payee/Vendor #: _____ Change in MMV: _____
 Clearing Agent Name & Number: _____ Total MMV: _____
*All Released Funds and Securities will be delivered to the broker on Account

Substitution (Select one)	Description of Securities		Value		Date		
	Cusip- Description	Coupon Rate	Market	Par	Trade	Settlement	Maturity
Select One							
Select One							
Select One							
Select One							
Select One							
Select One							
Select One							

Citi Bank Delivery Instruction		For Custodial Unit Use Only
DTC Citibank #0908 Customer Six-Digit Custody Account # with Citibank: Customer Name: Agent ID: 27603 Institution ID: 29424	FED CITIBANK NYC/CUST Customer Six-Digit Custody Account # with Citibank: Customer Name: ABA #021000089	Received By & Date: Transaction Created By & Date: Verified, Authorized & Released By & Date:

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Depositor Letterhead

EXHIBIT C

Contractor Lien/Assignment Certification

Date

Contracting Agency Address

Dear (Contracting Agency Contact):

Re: Contractor
Contract Number
Payee/Vendor #

This letter is to advise you that to the best of our knowledge we:

- Do or do not (circle one) have any outstanding liens against the company or contract
- Do or do not (circle one) have an assignment against the company or contract
- Enclose copy of the assignment, if applicable

Our company Federal Tax ID number is _____.

Sincerely yours,

Vendor Name _____

Print Name _____

Title _____

Telephone # _____

Notary _____



Joseph Consolazio
CHIEF ACCOUNTANT
ACCOUNTANCY

CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
JOHN C. LIU
BUREAU OF ACCOUNTANCY

MUNICIPAL BUILDING
ONE CENTRE STREET, ROOM 200
NEW YORK, N.Y. 10007-2341
TEL: (212) 669-3296
FAX: (212) 669-2126
JCONSOL@COMPTROLLER.NYC.GOV

EXHIBIT D

Comptroller Lien Confirmation Request

TO: Tax Asset Location Unit (FairTax)
Liens and Disbursements

FROM: Custodial Accounts Unit – Rm. 200 South

DATE:

SUBJECT:

Attached is a request from Agency _____ to release security for contract #
_____ to contractor _____.

Please advise if there are any outstanding liens or warrants that you may be aware of the contractor vendor.

_____ No outstanding liens

_____ Outstanding liens

Lien Clerk: _____

Title: _____

Telephone #: _____