

Appendix C – AGENCY WRITE-OFF CERTIFICATION FORM

Date: _____

Agency Name: _____

Agency Contact Name: _____

Agency Contact Title: _____

Agency Contact Phone #: _____

Agency Contact e-mail: _____

To: Revenue@comptroller.nyc.gov

This is to certify that the attached listing of receivables to be written-off has been reviewed and approved internally and that all reasonable collection efforts have been exhausted. The total value of all listed write-offs is \$_____.

Agency Reviewer: _____ Date: _____

Chief Fiscal Officer: _____ Date: _____

Comptroller Use Only

Reviewed by: _____ Date: _____

Authorized by: _____ Date: _____