NEW YORK STATE OF OPPORTUNITY.
Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
https://dos.ny.gov

CEASE AND DESIST ORDER - HOMEOWNER COMPLAINT FORM

This form should be completed by homeowners who have registered to be included on a cease and desist zone pursuant to New York Real Property Law § 442-h and Section 175.17 of Title 19 of the NYCRR and who have, after registration, received unwanted solicitation(s) to place their property for sale.

Please return this form, ALONG WITH EVIDENCE OF THE SOLICITATION YOU RECEIVED. For each business or person you are complaining about, please complete a new form.

PLEASE MAIL COMPLETED FORM TO: CEASE AND DESIST, P.O. BOX 22001, ALBANY, NY 12201

1. I/We, _____ am/are the registered
[Print Your Name(s)]

homeowner(s) for property located at:

_____ .
[Registered Property Address]

2. That on the following date(s) I/we received one or more unwanted solicitations to place the above indicated property for sale (Please List the Dates Solicitations Were Received):

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

3. I/We have provided herewith the original solicitations sent to my home.

4. At no time did I request or permit _____,
[Person/Company Responsible for Solicitation(s)]

to mail solicitations to my home.

5. The foregoing statement is affirmed under the penalties of perjury pursuant to 19 NYCRR § 400.7.

Date: Date:

_____ _____
Signature Signature