



Bureau of Code Enforcement  
City of Schenectady

### *Partnership Registration Form*

1.) Please provide the FULL name of the partnership: \_\_\_\_\_

2.) How many members constitute the partnership? \_\_\_\_\_

3.) Please provide the names and addresses of two members of the partnership:

*NOTE: Only names and addresses belonging to physical persons will be accepted by the Bureau of Code Enforcement; Addresses provided must differ from the owned property address; if more than one member, please provide information for at least two.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

4.) Please indicate which member of the partnership will be named in Court Actions on behalf of the partnership:

*NOTE: the Bureau of Code Enforcement **will not** accept an the name of an attorney (who is not a member of the partnership) as the person to be named in court actions*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

5.) Is this the same member designated as the Agent with the NYS Secretary of State? Y/N

If not, please provide the name and address of this Agent:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

*NOTE: the Bureau of Code Enforcement will accept an attorney's name for the purpose of service of process*



Bureau of Code Enforcement  
City of Schenectady

I, \_\_\_\_\_, do hereby certify that the property  
*Name of Person Completing Form*

located at \_\_\_\_\_, in the City of Schenectady is owned by  
*Address of Property*

\_\_\_\_\_, which is registered to do business in the State of

New York as a:

LLC

Corporation

General Partnership

Limited Partnership

Sole Proprietorship

I do hereby certify that all statements made by me in this application are true and correct to the best of my knowledge, information, and belief. Further, I understand that in the event that I have knowingly and willfully made any false statements, I will be liable for punishment in accordance with all applicable laws and statutes

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Relationship to Business*

Sworn to me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public/Commissioner of Deeds