

**NYS OGS SURPLUS PROPERTY WEB USER
REGISTRATION AND AGREEMENT**

Application must be signed by head elected or appointed official of applicant organization.
Please answer all questions.

Legal Name of County/City/Town/Village

Select Type of Public Agency: County_____City_____Town_____Village_____

Address

City

State

Zip

County

CONTACT INFORMATION:

First Name

Last Name

Phone

Fax

Email

Requested User ID

Alternate Contact

Alternate Contact Phone

By signing below, I certify that:

1. All information in this application is true and correct to the best of my knowledge, and that this organization is authorized and empowered to acquire surplus property as outlined in Section 167 of the State Finance Law; and
2. On behalf of the applicant organization, I have read and agree to observe and comply with all terms and conditions of sale set forth; and
3. I am authorized to obligate this organization for the payment of all charges assessed by the State of New York in relation to the acquisition of the State's surplus property, and that such charges will be paid promptly.

Signature

Date

Printed Name and Title of Head Administrative Official

Please send completed form by email to state.surplus@ogs.state.ny.us or by fax to 518-457-4641.