

# New York State Division of Homeland Security and Emergency Services

## Request for Change of Applicant's Authorized Agent / Alternate

This information will be used to change the alternate authorized agent for an eligible applicant. Please use a single form for each contact.

Date (of request): \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

FIPS #: \_\_\_\_\_

Applicant (as it appears in EMMIE): \_\_\_\_\_

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

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please Change the following contact as alternate authorized agent for the above listed applicant.

**Remove Contact (Alternate)**

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

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

Reason for Removal: \_\_\_\_\_

**New Contact (Alternate)**

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

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

Business Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

If Mailing Address is different: \_\_\_\_\_

Is the POC Change for All Disasters? Yes No

No please indicate which Disaster (s): \_\_\_\_\_