

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): _____