



**COMPANY CONTACT FORM**

ORPTS staff is currently working to ensure that we have the latest company contact and address information. Please return this form with your inventory report. If the contact(s) is/are different for inventory reporting, special franchise certificates/full values, and special revenue billing, please indicate all designated persons. Also, please include an e-mail address for each company contact.

Thank you very much for your cooperation. If changes occur in the future, please contact Katie Mastroianni at (518) 862-6083 or e-mail [ORPTS.Utility.Reports@tax.ny.gov](mailto:ORPTS.Utility.Reports@tax.ny.gov).

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

Company Code: \_\_\_\_\_

**Contact for Inventory Reporting**

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

**Contact for Special Franchise Certificates/Full Values**

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

**Contact for Special Revenue Fund Billing**

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_