

Cooling Tower Registry Change of Account Ownership Request

Instructions

Return the completed form to cooling.tower@health.ny.gov.
For questions, please call (518) 402-7650 or email cooling.tower@health.ny.gov.

Cooling Tower Information

Company Name _____

Company Address _____

Cooling Tower ID Number/s (from Registry) _____

Reason for Requesting Change _____

Account Owner Information

Previous Owner Name _____

Previous Owner Email _____

A new NY.gov ID for the registry must be created at ct.doh.ny.gov with the new owner's email address.

New Owner Name _____

New Owner Email _____

Authorization Information

**The individual listed below will be contacted to confirm the requested change.
Please be sure all contact information is correct.**

Person Authorized
to Approve this Change
(e.g., Building Owner) _____

Title _____

Email _____

Telephone _____

Authorizing Signature _____

Date _____