

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

REVOCATION OF AUTHORIZATION - - AGENT FOR SERVICE

I, _____, Esq. (Attorney Registration No. _____),
am an authorized user of the New York State Courts Electronic Filing System ("NYSCEF")
(User ID: _____) and am the attorney of record for a party in the following cases:

<u>Caption</u>	<u>Index Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach additional sheets if needed)

By written authorization dated _____, I authorized and designated
_____, a filing agent user, to act as agent for service in the actions listed
above.

I hereby revoke this authorization for [] all of the above-listed cases, or [] the cases
listed below:

<u>Caption</u>	<u>Index Number</u>
_____	_____
_____	_____
_____	_____

This revocation form shall be filed with the E-Filing Resource Center and posted on the e-
docket for each of the cases in which the authorization has been revoked.

Dated: _____

Street Address

City, State and Zip Code

Phone

Signature

Print Name

Firm/Department

E-Mail Address