

**REVOCATION OF AUTHORIZATION FOR  
ELECTRONIC FILING - SINGLE ATTORNEY**

I, \_\_\_\_\_, Esq., am an authorized user of the NYSCEF system (User ID \_\_\_\_\_). I hereby revoke the authorization, dated \_\_\_\_\_, that authorized \_\_\_\_\_ to file documents on my behalf through the New York State Courts Electronic Filing System.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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City, State and Zip Code

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