



Incorporated Village of Malverne
99 Church Street
Malverne, New York 11565
(516) 599-1200 Fax (516) 823-0767

CHANGE OF CONTRACTOR AFFIDAVIT **FROM PROPERTY OWNER**

STATE OF NEW YORK

COUNTY OF NASSAU

Date: _____

Permit No. _____

_____, being duly sworn deposes and says, that, (I, we) are the owner(s) of property

located at _____, Malverne, NY 11565

And that (I / we) would like to change the contractor of record as noted on the original permit to:

Name of new Contractor: _____

Address: _____

Name of former Contractor: _____

Address: _____

I understand that all new contractors must be licensed with the Village.

Print Name: _____

Signature: _____

Sworn to before me this ____ day
of _____ 20__



Notary Public stamp / seal