

# Cooling Tower Registry Change of Account Ownership Request

## Instructions

Return the completed form to [cooling.tower@health.ny.gov](mailto:cooling.tower@health.ny.gov).  
For questions, please call (518) 402-7650 or email [cooling.tower@health.ny.gov](mailto: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](http://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 \_\_\_\_\_