

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**FAMILY AND GROUP FAMILY DAY CARE PROVIDER
REQUEST TO REMOVE STREET ADDRESS AND MAP FROM
THE OFFICE OF CHILDREN AND FAMILY SERVICES WEBSITE**

- **DO NOT COMPLETE THIS FORM IF YOU WISH TO HAVE YOUR ADDRESS REMAIN ON THE WEBSITE.**
- **ALL FIELDS MUST BE COMPLETED IN ORDER TO REMOVE YOUR STREET ADDRESS FROM THE WEBSITE.**

Provider's Name: _____
License/Registration number: _____
Contact Phone number: () _____
Address Information
House number: _____
Street: _____
Apartment or floor: _____
County/Borough: _____
City: _____ Zip Code: _____
Check the box next to the Regional Office Your Program is located in:
<input type="checkbox"/> Albany Regional Office <input type="checkbox"/> Rochester Regional Office
<input type="checkbox"/> Buffalo Regional Office <input type="checkbox"/> Syracuse Regional Office
<input type="checkbox"/> Long Island Regional Office <input type="checkbox"/> Westchester Regional Office
<input type="checkbox"/> New York City
<input type="checkbox"/> I understand that by submitting this form I am requesting that my street address and map be removed from the Office of Children and Family Services website.

Name of Person Making This Request: _____

Mail to:
The Division of Child Care Services
South Building, Room 309
52 Washington Street
Rensselaer, NY 12144-2796