

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

I, _____, Esq., am an authorized user of the NYSCEF
system (User ID _____). I hereby revoke the authorization, dated
_____, that authorized _____ to e-file
documents on my behalf in Appellate Division Case No. _____.

Dated:

Signature

Print Name

Firm

Street Address

City, State and Zip Code

Phone

E-Mail Address

This form must be e-mailed to the Resource Center Efile@nycourts.gov for processing.

AD-EF-03C (eff. 3/1/18)