

CERTIFICATION

Index No. _____

Petitioner(s)

-against-

Respondent(s)

File No. _____
(to be filled out by sheriff)

I, _____, the (circle one) PETITIONER/ ATTORNEY FOR PETITIONER
In the above referenced proceeding, hereby certify that I have hired the mover / storage facility to
perform the functions prescribed by Nassau County Charter Section 2004 in connection with the
execution of the Warrant of Eviction and that the following information is true and correct:

Name of Mover: BENNETT MOVERS

Address of Mover: 61-64 81st STREET, MIDDLE VILLAGE, NY 11379

Mover's Telephone Number: 1-800-924-2900 --- 718-779-1393 --- FAX#718-779-5694

Mover's DOT Number: #38163

Storage Facility Name: BENNETT MOVERS

Storage Facility Address: 307A FRONT STREET, HEMPSTEAD, NY 11550

Storage Facility Telephone: 1-800-924-2900 --- 718-779-1393

Petitioner must attach to this form a copy of the mover's certificate of insurance and receipt for 30 days prepaid storage.

NOTE* The storage facility must be a commercial facility **located in Nassau County.**
The Mover must appear at the site of the scheduled eviction on time with the proper
equipment (**minimum 4 men, boxes, etc.**) or the eviction will be canceled.

Date: ___ / ___ /20___

Signature: _____

STATE OF NEW YORK)
)SS:
COUNTY OF NASSAU)

On the ___ day of _____ in the year 20___ before me the undersigned, personally appeared
_____, personally known to me or proved to me on the basis of satisfactory evidence to be the
individual whose name is subscribed to the wither instrument and acknowledged to me that (she/he) executed the same in
(is/her) capacity and that be (his/her) signature on the instrument, the individual, or the person upon behalf of which the
individual acted, executed the instrument.

Notary Public