



**REQUEST FOR MAILING OF DUPLICATE TAX BILLS OR STATEMENTS OF UNPAID TAXES TO A THIRD PARTY**

Mail to:

(Tax Collecting Officer's Name and Address)

Ann M. McGovern  
Receiver of Taxes  
1 Rosman Road  
Garnerville, NY 10923

I request that a duplicate of any tax bill or statement of unpaid taxes with respect to my property as described below be mailed to the person whom I have designated. In making this request I understand that neither the tax collecting officer nor any other local government employee has any liability if for any reason the duplicate is not mailed to or not received by my designee.

I am:  At least 65 years of age  
or  
 Disabled

If disabled, have a physician complete back of this form, or if applicant is legally blind, you may substitute a certificate from the State Commission for the Blind.

1.	_____	
	Your Name (last name first)	
2.	_____	
	Mailing Address	
	_____	_____
		Zip Code
3.	_____	
	Property Identification No. (see tax bill or assessment roll)	
4.	_____	
	Tax billing address(if different from #2 above)	
	_____	
	_____	
5.	_____	_____
	Signature	Date

<b>THIS SECTION TO BE COMPLETED BY THIRD PARTY</b>		
1.	_____	
	Third Party Name (last name first)	
2.	_____	
	Mailing Address	
	_____	_____
		Zip Code
3.	_____	_____
	Day Telephone No.	Evening Telephone No.
4.	_____	_____
	Third Party Signature	Date