



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)

Donna M. Rose
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

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