



**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.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Signature</td> <td style="width: 50%; text-align: center;">Date</td> </tr> </table>	Signature	Date
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.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Day Telephone No.</td> <td style="width: 50%; text-align: center;">Evening Telephone No.</td> </tr> </table>	Day Telephone No.	Evening Telephone No.
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4.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Third Party Signature</td> <td style="width: 50%; text-align: center;">Date</td> </tr> </table>	Third Party Signature	Date
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