

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

**RETURN TO:**

**OFFICE OF TAX RECEIVER  
200 HOWELL AVENUE  
RIVERHEAD, NY 11901-2596**

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 Receiver of Taxes 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.

**TO BE COMPLETED BY ASSESSED OWNER:**

**ASSESSED OWNER:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SC TAX MAP #:** 0600 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
DISTRICT SECTION BLOCK LOT

**TAX BILLING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY THIRD PARTY:**

**THIRD PARTY NAME:** \_\_\_\_\_

\_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NO. :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**The applicant is:**

\_\_\_\_\_ **At least 65 years of age**

\_\_\_\_\_ **Disabled**