

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

**MAIL COMPLETED FORM TO: JUSTIN SWEET  
TOWN CLERK  
10 MAPLE AVENUE  
NEW CITY, NY 10956**

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.

_____ Your name (last name first)		
_____ Mailing address		
_____ Post office	_____ State	_____ Zip Code
_____ Property identification - (map, lot, block number)		
_____ Tax Billing Address (if different from #2, above)		
_____ Signature	_____ Date	/ _____

<b>THIS SECTION TO BE COMPLETED BY THIRD PARTY</b>		
_____ Third party name (last name first)		
_____ Mailing Address		
_____ Post office	_____ State	_____ Zip Code
_____ Telephone		
_____ Third Party Signature	_____ Date	/ _____