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Town of Clarkstown

REQUEST FOR REPLACEMENT STICKER (S) FORM

# Garbage STICKER

Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Name \_\_\_\_\_

Phone (area code) \_\_\_\_\_ (circle one) Home/Work or cell #

Street \_\_\_\_\_

City/Hamlet \_\_\_\_\_ zip code \_\_\_\_\_

OLD STICKER #(S) \_\_\_\_\_

REPLACEMENT ST \_\_\_\_\_  
# ON ASSMT ROLL \_\_\_\_\_

REASONS FOR REQUEST:

- NEW HOMEOWNER
- CAN (S) WERE LOST or STOLEN
- PURCHASED NEW CAN(S)
- OTHER EXPLAIN \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPACE BELOW FOR USE OF ASSESSOR'S OFFICE

DATE RECEIVED \_\_\_\_\_

REPLACEMENT STICKER # (S) \_\_\_\_\_

- APPLICATION MAILED
- DATE RETURNED
- DATE STICKERS MAILED
- IN PERSON

- TRANSACTION BY \_\_\_\_\_
- TRANSACTION BY \_\_\_\_\_
- TRANSACTION BY \_\_\_\_\_
- TRANSACTION BY \_\_\_\_\_

