



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

Mail to:

Loretta Raimone  
Receiver of Taxes  
10 Maple Avenue  
New City, NY 10956

(Tax Collecting  
Officer's Name  
and Address)

A. 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.

1.	your name (last name first)		
2.	mailing address		
3.	post office	4. state	5. zip code
6.	property identification (as shown on assessment roll)		
7.	tax billing address (if different from #2, above)		
8.	signature	/	(date)

THIS SECTION TO BE COMPLETED BY THIRD PARTY

1.	third party name (last name first)		
2.	mailing address		
3.	post office	4. state	5. zip code
6.	telephone		
7.	third party signature	/	(date)