

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

RETURN TO:

**MARYANN WOWAK HEILBRUNN, RECEIVER OF TAXES
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**