

**NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES****REQUEST FOR MAILING OF DUPLICATE TAX BILLS  
OR STATEMENTS OF UNPAID TAXES TO A THIRD PARTY**

Mail to:

(Tax Collecting  
Officer's Name  
and Address)

Receiver of Taxes, Henrietta  
475 Calkins Road  
Rochester, NY 14623

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.

I am:  At least 65 years of age or  Disabled

If disabled, have physician complete back of this form, or if applicant is legally blind, you may substitute a certificate from the State Commission for the Blind.

|    |   |          |
|----|---|----------|
| 1. | _____   |          |
|    | Your name (last name first)                                   |          |
| 2. | _____   |          |
|    | Mailing address   | Zip code |
| 3. | _____   |          |
|    | Property Identification no. (see tax bill or assessment roll) |          |
| 4. | _____   |          |
|    | Tax billing address (if different from #2, above)             |          |
| 5. | _____   | _____    |
|    | Signature   | Date     |

|  |                                    |                       |
|--|------------------------------------|-----------------------|
| <b>THIS SECTION TO BE COMPLETED BY THIRD PARTY</b> |                                    |                       |
| 1.   | _____                              |                       |
|  | Third party name (last name first) |                       |
| 2.   | _____                              |                       |
|  | Mailing address                    |                       |
|  | _____                              |                       |
|  | Zip code                           |                       |
| 3.   | _____                              | _____                 |
|  | Day telephone no.                  | Evening telephone no. |
| 4.   | _____                              | _____                 |
|  | Third party signature              | Date                  |

