

THIRD PARTY APPLICATION

JILLIAN GUTHMAN, ESQ.
RECEIVER OF TAXES
100 MAIN STREET
HUNTINGTON, NEW YORK 11743

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.

TO BE COMPLETED BY ASSESSED OWNER

Assessed Owner (last name first)

Mailing Address

Town

State

Zip Code

Description of Property Number (District-Section-Block-Lot)

Daytime Phone Number

Tax Billing Address (if different from above)

Signature

Date

TO BE COMPLETED BY THIRD PARTY

Third Party Name (last name first)

Mailing Address

Town

State

Zip Code

Daytime Telephone Number

Third Party Signature

Date

B: THE APPLICANT IS: _____ AT LEAST 65 YEARS OLD
(CHECK ONE) _____ PERSON WITH DISABILITY (AS DEFINED)

I AGREE TO PROVIDE ANY DOCUMENTATION NECESSARY TO
SUBSTANTIATE THE ABOVE CONDITION

SIGNATURE OF APPLICANT