

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

**Mail to:
Inc. Village of Floral Park
P.O. Box 27
Floral Park, New York 11002**

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.

THIS SECTION TO BE COMPLETED BY PROPERTY OWNER

Your name (last name first)

Mailing address

Post Office

State

Zip Code

Property Identification – School District Code, Section, Block, Lot

Tax billing address (if different from above)

Signature

Date

THIS SECTION TO BE COMPLETED BY THIRD PARTY

Third party name (last name first)

Mailing address

Post office

State

Zip Code

Telephone

Third Party Signature

Date