



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

Mail to:

RECEIVER OF TAXES  
TOWN OF RAMAPO  
237 ROUTE 59  
SUFFERN, N.Y. 10901

(Tax Collecting Officer's Name And Address)

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)		

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