



Receiver of Taxes

RT-02 rev. 10/04

Town of Brookhaven
One Independence Hill, Suite 110
Farmingville, NY 11738-2149
(631) 451-9009 Fax:(631) 451-9008

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

Mail To:	Louis J. Marcoccia, Receiver of Taxes One Independence Hill, Suite 110 Farmingville, New York 11738-2149
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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.

<u>TO BE COMPLETED BY ASSESSED OWNERS</u>		
1. ASSESSED OWNER: (LAST NAME)		(FIRST NAME)
2. MAILING ADDRESS:		
3. CITY:	4. STATE:	5. ZIP CODE
6. DESCRIPTION OF PROPERTY (ITEM NUMBER):		
7. TAX BILLING ADDRESS (IF DIFFERENT FROM ABOVE):		
8. SIGNATURE:		9. DATE:

<u>TO BE COMPLETED BY THIRD PARTY</u>		
1. THIRD PARTY: (LAST NAME)		(FIRST NAME)
2. MAILING ADDRESS:		
3. CITY:	4. STATE:	5. ZIP CODE
6. DAYTIME TELEPHONE:		
7. THIRD PARTY SIGNATURE:		8. DATE:

B.

The Applicant is (check one): At least 65 years old Disabled

DOCUMENTATION MUST BE PROVIDED UPON REQUEST