



**Assessor**

One Independence Hill, Farmingville, NY 11738  
(631) 451-6300 FAX: (631) 451-6379

RP-420a/b RNW-II rev. 4/04

PLEASE TYPE OR PRINT CLEARLY

1.

1A. NAME OF ORGANIZATION:	1C. EMPLOYER ID NUMBER:
1B. MAILING ADDRESS:	1D. NAME OF CONTACT PERSON:
	1E. TELEPHONE NUMBER OF CONTACT PERSON: Day: (    )                      Evening: (    )

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- a. A change has occurred in the ownership of all or part of the property.
- b. A change has occurred in the use or uses of the property by the owner.
- c. A change has occurred in that all or part of the property is now being offered for sale or lease.
- d. All or part of the property is occupied by an organization other than the owner: the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
- e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
- f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
- g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

**STATEMENT OF CHANGE**

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed, have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

**STATEMENT OF NO CHANGE**

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

3. SIGNATURE:	4. TITLE:	5. DATE:
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**FOR ASSESSOR'S USE**

ASSESSING UNIT:	COUNTY:
CITY/TOWN:	VILLAGE:
SCHOOL DISTRICT:	

