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

Mail to:

Village of Briarcliff Manor
Attention: Tax Department
1111 Pleasantville Road
Briarcliff Manor, NY 10510

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.

1._____
property owner's name (last, first)

2._____
mailing address

3._____ 4._____ 5._____
city state zip code

6._____
parcel identification (as shown on assessment roll)

7._____
tax billing address (if different from #2, above)

8._____
signature date

THIS SECTION TO BE COMPLETED BY THIRD PARTY

1._____
third party name (last, first)

2._____
mailing address

3._____ 4._____ 5._____
city state zip code

6._____
telephone number

7._____
third party signature date

B.

The applicant is: (check one)

____ at least 65 years of age

or

____ disabled

If disabled, have a physician complete the section below or, if applicant is legally blind, you may substitute a certificate from the State Commission for the Blind.

PHYSICIAN'S CERTIFICATION IF PHYSICAL OR MENTAL DISABILITY

1. Physician's name _____
2. Office address _____
3. New York State license no. _____ Date of issue_____
4. Patient's name _____
5. Patient's address _____
6. Does patient have a physical or mental impairment, which substantially limits one or more major life activities (i.e., walking)?
   _____Yes _____ No

I certify that all statements made in this section are true and correct to the best of my knowledge and professional belief.

_____ _____
Signature of Physician Date