

It is the current policy of the Supervisor of Assessments to have the homeowner's signature on file when requesting their tax bill be sent to another address.

Index Number & Address of Property:

21-24.0-200-028	_	3006 MATHERS RD
	_	
	_	
	_	
I would like my tax bill(s) sent to the follo	owing address:	
Name:		
Address:		
Address		
Signed:		
Signed:		
-		
Daytime telephone:		
Email Address:		
Please be advised that if request is mad ownership must be submitted, i.e. copy property.	le for a change of of of deed, will, or of	name, the proper documents conveying ther legal document conveying rights to
Thank you.		

 Thank you.
 for office use only

 Completed by:
 Mortgage Code:

 (If applicable)