



Request for mailing of duplicate tax bills or statements of unpaid taxes to a third party

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.

THIS SECTION TO BE COMPLETED BY THE PROPERTY OWNER

Customer Name (as it appears on the Tax Bill) _____

Tax Property Address _____

Property ID # (SBL as it appears on the Tax Bill) _____

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY THIRD PARTY

Third Party Name (Last, First) _____

Mailing address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Third Party Signature _____ Date _____

PLEASE FILL OUT THE ABOVE INFORMATION AND RETURN IT TO:

City Treasurer's Office
ATTN: Tax Accounting
30 Church St, Rm 100A
Rochester, NY 14614
Fax: 585-428-6774

If you have any questions, please call Tax Accounting at 585-428-6940.

