



**VILLAGE OF SAGAPONACK**

PO Box 600  
3175 Montauk Highway  
Sagaponack, NY 11962  
www.sagaponackvillage.org  
631-537-0017 631-537-0612 (FAX)

**TAX RECEIVER INFORMATION CHANGE FORM**

**Please make the following changes to my Village of Sagaponack Tax bill information:**

- Mailing Address**
- Ownership**

**If you are changing the ownership of the property, please attach the deed for proof of change.**

**TAX MAP NUMBER & PROPERTY LOCATION:**

<u>District</u>	<u>Section</u>	<u>Block</u>	<u>Lot</u>	<u>Address</u>
473615 -	_____ -	_____ -	_____	_____
473615 -	_____ -	_____ -	_____	_____
473615 -	_____ -	_____ -	_____	_____

**MAILING ADDRESS/OWNER INFORMATION**

NAME: \_\_\_\_\_

MAILING ADDRESS WHERE TAX BILL SHOULD BE SENT:

STREET/PO BOX: \_\_\_\_\_

APT/SUITE/FLOOR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

**AUTHORIZATION\***

OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TELEPHONE NUMBERS: \_\_\_\_\_

\*Must be signed by owner before change is accepted.

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Changes Made: \_\_\_\_\_

Changes Made By: \_\_\_\_\_