VILLAGE OF SAGAPONACK
TAX RECEIVER INFORMATION CHANGE FORM

PO Box 600 Sagaponack, NY 11962
631-537-0017 FAX 537-0612
Website: sagaponackvillage.org

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 attached the deed for proof of change.

TAX MAP NUMBER & PROPERTY LOCATION:

District Section Block Lot Address

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:_____

AUTHORIZATION*

SIGNATURE:_____

DATE:_____ TELEPHONE NUMBERS:_____

*Must be signed before change is accepted.

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FOR OFFICE USE ONLY

Date Received:_____ Date Changes Made:_____

Changes Made By:_____