



**CITY OF MOUNT VERNON
DEPARTMENT OF FINANCE
CITY HALL
ROOSEVELT SQUARE
MOUNT VERNON, NY 10550
(914) 665-2312**

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

Directions: Enter all information requested below by **Typing** on the computer in the available spaces. To move from field to field use the **Tab** key or your mouse. Once completed, print and mail to the above address.



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This application is to be used only for a senior citizen (65 or older) or a disabled taxpayer. Please complete the form and return the signed form to: City of Mount Vernon, Roosevelt Square Room 1, Mount Vernon, NY 10550.

- 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 designated.

In making this request I understand that neither the tax collection 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.

TO BE COMPLETED BY APPLICANT			
_____	_____	_____	_____
Last Name	First Name	Telephone Number	Email Address
_____		_____	_____
Property Address		Block	Lot

Mailing Address (if different from property address)			

_____		_____	
Signature	Date		

TO BE BY THIRD PARTY				
_____	_____	_____	_____	
Last Name	First Name	Telephone Number	Email Address	
_____		_____	_____	
Mailing Address		City	State	Zip
_____		_____	_____	_____
Third Party Signature		Date		

- B. Please check all that apply:

The applicant is at least 65 years of age. _____ The applicant is disabled. _____