

**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: _____

E MAIL ADDRESS: _____

AUTHORIZATION*

OWNER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBERS: _____

*Must be signed by owner before change is accepted.

FOR OFFICE USE ONLY

Date Received: _____ Date Changes Made: _____

Changes Made By: _____