



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:

District	Section	Block	Lot	Address
473615 -	_____ -	_____ -	_____ -	_____
473615 -	_____ -	_____ -	_____ -	_____
473615 -	_____ -	_____ -	_____ -	_____

MAILING ADDRESS/OWNER INFORMATION

OWNER NAME: _____

MAILING ADDRESS WHERE TAX BILL SHOULD BE SENT:

STREET/PO BOX: _____

APT/SUITE/FLOOR: _____

CITY: _____ STATE: _____ ZIP: _____

AUTHORIZATION*

OWNER NAME: _____

OWNER E MAIL ADDRESS: _____

OWNER SIGNATURE: _____

PRINT SIGNATORY NAME: _____

DATE: _____ TELEPHONE NUMBER: _____

*Must be signed by owner before change is accepted.

FOR OFFICE USE ONLY

Date Received: _____ Date Changes Made: _____

Changes Made By: _____