Print Form

Request for mailing of Duplicate tax Bills or Statements of Unpaid taxes to a Third Party

Mail to:

City of Yonkers
Tax records Office - City Hall Rm 210
40 South Broadway
Yonkers NY, 10701

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 have designated.

In making this request I understand that neither the tax collecting officer nor any other local government employee has any liability if for any reason the duplicate is not mailed to or received by my designee.

1. Name (last name first): _____

2. Mailing Address: _____

3. City, State, Zip Code:: _____

4. Property Identification (as shown on assessment roll): _____

5. Tax Billing Address (if different from #2 above): _____

6. Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THIRD PARTY

1. Name (last name first): _____

2. Mailing Address: _____

3. City, State, Zip Code:: _____

4. Telephone Number: _____

5. Signature: _____ Date: _____

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B.

The Applicant is: ☐ At Least 65 Years of age

OR

☐ Disabled

If Disabled, have the physician complete the section below, or if applicant is legally blind, you may substitute a certificate from the State Commission for the Blind.

Physicians Certification of Physical or Mental Disability

1.Physicians Name: _____

2. Office Address: _____

3. City, State, Zip Code:: _____

4. New York State License Number: _____

5. Date of issue: _____

6. Patient's Name: _____

7. patient's Address: _____

8. City, State, Zip Code:: _____

9. Does Patient have a physical or mental impairment which substantially limits one or more major life activities (e.g. walking)? ☐ YES ☐ NO

I certify that all statements made in this section are true and correct to the best of my knowledge and professional belief.

Physicians Signature: _____ Date: _____