



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

Mail to:

(Tax Collecting
Officer's Name
and Address)

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 not received by my designee.

1. _____
your name (last name first)
2. _____
mailing address
3. _____ 4. state _____ 5. zip code _____
post office
6. _____
property identification (as shown on assessment roll)
7. _____
tax billing address (if different from #2, above)
8. _____ / _____
signature (date)

THIS SECTION TO BE COMPLETED BY THIRD PARTY

1. _____
third party name (last name first)
2. _____
mailing address
3. _____ 4. state _____ 5. zip code _____
post office
6. _____
telephone
7. _____ / _____
third party signature (date)