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Request for mailing of duplicate tax bills or statements of unpaid taxes to a third party

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.

## THIS SECTION TO BE COMPLETED BY THE PROPERTY OWNER

Customer Name (as it appears on the Tax Bill)	
Tax Property Address	
Property ID # (SBL as it appears on the Tax Bill)	
Signature	Date
THIS SECTION TO BE COMPLETED BY THIRD PARTY	
Third Party Name (Last, First)	
Mailing address	
City State Zip Code	
Telephone Number	
Third Party Signature	Date
PLEASE FILL OUT THE ABOVE INFORMATION AND RETURN IT TO:	
City Treasurer's Office ATTN: Tax Accounting	
30 Church St, Rm 100A	
Rochester, NY 14614 Fax: 585-428-6774	

If you have any questions, please call Tax Accounting at 585-428-6940.