

TOWN OF OSSINING Office of the Assessor

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PLEASE BE ADVISED THIS LETTER WILL SERVE AS PROPER AUTHORIZATION TO CHANGE THE RECORDS FOR THE MAILING ADDRESS FOR ALL FUTURE TAX BILLS AND RELATED CORRESPONDENCE WITH REGARD TO THE BELOW DESIGNATED PROPERTY IN THE TOWN OF OSSINING.

SECTION:	BLOCK:	LOT:					
PROPERTY LOCATION:							
OWNER NAME:							
OWNER ADDRESS:							
ADDRESS FOR TAX BILI	LING <u>IF OTHER THA</u>	N ABOVE (ES	CROW)				
NAME OF BANK:							
ADDRESS OF BANK:							
PLEASE COMPLETE AN	D RETURN TO THIS	OFFICE AS S	OON AS	POSSIBLE	TO AVOI	D LATE PAY	MENTS.
SIGNATURE							
NAME		DATE	Ē		_		
TELEPHONE NUMBER	(HOME):						
	(CELL):						