



AFFIDAVIT

by

OWNER

STATE of NEW YORK
COUNTY of ROCKLAND

_____, BEING DULY SWORN

Print Name

DEPOSES AND SAYS:

That I am the record representative of the following property

Property Address

Which property is designated of the Clarkstown Tax Maps as

Map _____ Block _____ Lot _____

That I wish to have all future tax bills for my real property mailed to the following address:

Address

Phone/cell # _____

Until I provide the Assessor of the Town of Clarkstown with further notice.

Signature/Date