



OFFICE OF THE RECEIVER OF TAXES
 200 NORTH FRANKLIN STREET
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DONALD X. CLAVIN, JR.
RECEIVER OF TAXES

NEW OWNER/MORTGAGE SATISFACTION PROPERTY CHANGE FORM

PROPERTY DESCRIPTION: *(Your property description may be verified from your deed or tax map.):*

_____ [CA _____]
 School District Section Block Lot Building Unit
For Condos Only

PROPERTY ADDRESS:

Number Street Apt. or Unit Number City Zip Code

OWNER NAME(S): _____

TAXES WILL BE PAID BY *(Check One):* Above Owner Alternate Bank or Financial Institution

Alternate Name *(If mailing address is different than property address)*

Alternate Address City State Zip Code

Bank/Financial Institution Name *(If taxes are to be paid by a bank or other financial institution)*

Bank/Financial Institution Address City State Zip Code

() - Home Telephone () - Cell Phone () - Ext. Business Telephone

REASON FOR CHANGE *(Check One):* New Owner Spelling Correction New Mailing Address
 Mortgage Satisfied Refinanced Other *(specify below)*

EMAIL ADDRESS: _____

Yes! I want to subscribe to Don Clavin's e-newsletter and receive important property tax updates.

DATE: ___/___/20___ **SIGNATURE:** _____

FOR OFFICE USE ONLY

Rep: _____ Date: ___/___/___ Received change via: Mail Fax Walk-in Online