



Mary Jo Collins, Receiver of Taxes
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CHANGE FORM

Please return this completed form as soon as possible so we may update our records.

Please confirm your property address and Tax Map Number below with your deed.

Property Address: _____
 (Tax Map Number ↙) Street City ZIP Code
 _____ [CA _____]
 School District Section Block Lot Building Unit
For Condos Only

OWNER INFORMATION: NEW OWNER WE REQUIRE A COPY OF THE DEED. FOR MORTGAGE SATISFIED, COPY OF THE LETTER SATISFACTION. FOR REFINANCE A COPY OF THE CLOSING DOCUMENTS.

Owner Name(s) [Full name(s) as shown on **the deed**]

Company Name (If company is the owner)

Address (If different than property address) Apartment, Suite or Unit Number

City State ZIP Code

***REQUIRED**

***REQUIRED**

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Telephone (Home) Cell Phone Telephone (Business) Extension

***REQUIRED**

Sign Me Up For

Email Address: _____ Email Tax Alerts

TAXES WILL BE PAID BY: Above Taxpayer Bank/Mortgage Company Third-Party

Name Mortgage/Loan Number (If applicable)

Address (Where Tax Bills should be mailed) Attention (If applicable)

City State ZIP Code

REASON FOR CHANGE: New Owner Mortgage Satisfied Refinanced

Other (specify) _____

BY SIGNING AND DATING BELOW, I CERTIFY THE INFORMATION I PROVIDED IN CONNECTION WITH THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature(s) _____ Date _____

For Office Use Only

CS Rep: _____ Date: ____/____/____ E-mail Address Added Scanned

Received Change Via: Mail Fax Walk-in E-mail Online

General Bill: Given Mailed Faxed N/A School Bill: Given Mailed Faxed N/A

Notes: _____