TOWN OF NORTH SALEM

270 TITICUS RD
P. O. BOX 313
NORTH SALEM, N.Y. 10560

KAREN A. ROACH
RECEIVER OF TAXES **TELEPHONE: 914-669-5177**
KROACH@NORTHSALEMNY.ORG **FAX NO: 914-669-8460**

This letter serves as proper authorization to confirm **OUR** records for the correct mailing address and/or bank information for all tax bills and related correspondence with regard to the property in the Town of North Salem. If you own more than one parcel, it would be appreciated if one address could be established for all billings.

SECTION _____ **BLOCK** _____ **LOT** _____

PROPERTY LOCATION: _____

OWNER'S NAME: _____
(Please show owner's name or names as they appear on the property deed)

OWNER'S MAILING ADDRESS : _____

_____

OWNER'S E-MAIL ADDRESS: _____

OWNER'S PHONE #'S: _____
WORK HOME CELL

ARE TAX BILLS TO BE SENT TO THE OWNERS ADDRESS?

YES _____ NO _____

IF NO, PLEASE SUPPLY THE FOLLOWING:

BANK LOAN NUMBER: _____

NAME OF BANK OR OTHER: _____

ADDRESS OR P. O. BOX: _____

PHONE NUMBER (800 NO. IF POSSIBLE): _____

AUTHORIZED SIGNATURE: _____

PRINT SIGNATURE: _____ **DATE**: _____

IF THIS FORM IS PRINTED FROM THE WEBSITE PLEASE RETURN IT TO THE ADDRESS LISTED ABOVE.