Town of Pound Ridge

Tel.: 914-764-3978

Fax: 914-764-0102

Drifa Segal Receiver of Taxes



RESIDENT INFORMATION FORM

| ГО: | DATE: |
|---|---|
| | PARCEL ID: |
| | LOCATION: |
| | (If mailing address is different than parcel) |
| | Please share with us: |
| | Day time phone #: |
| | E-Mail: |
| Dear new or current Pound Ridge resident | t. |
| Welcome! We need your assistance. In an | |
| | m and return by mail, by fax or stop by the |
| office. As taxes are due three times a year | · · · · · · · · · · · · · · · · · · · |
| • | iges over time, please remember to give us a |
| call. | 3 , 1 |
| | nstitution, please be sure to give the full oreferably toll free), address and mortgage |
| number. | |
| PLEASE RETURN AS | S SOON AS POSSIBLE |
| I hereby request that all tax bills be mailed | l to: |
| | (Mortgage Number) |
| | |
| | |
| | |
| Please include tax service used by your len | derif |
| any: | |
| waaj * | |
| | Date: |
| (Signature of Property Owner) | |

Thank you in advance for your cooperation.

Drifa Segal

Receiver of Taxes