

VILLAGE OF GARDEN CITY
351 STEWART AVENUE
GARDEN CITY, NEW YORK 11530
516-465-4156

Account No. _____
Date _____

PLEASE COMPLETE THIS FORM AND RETURN TO THE ABOVE ADDRESS AS SOON AS POSSIBLE.
THANK YOU. PLEASE PRINT

NAME: _____

I am/we are the owner(s)/tenant(s) of the Garden City property known as:

PROPERTY ADDRESS: _____, Garden City, New York 11530

FORMER RESIDENCE: _____

Street Address City State Zip Code

BILLING ADDRESS : _____

(if different from property address) Street Address City State Zip Code

TELEPHONE NUMBER _____

SALE PRICE \$ _____ DATE OF TITLE CLOSING: _____

PREVIOUS OWNER _____

VILLAGE TAX BILLS SHOULD BE SENT TO: (check one)

_____ OWNER at Property / Billing Address OR

_____ BANK _____ MORTGAGE # _____

BANK ADDRESS _____

BANK TELEPHONE NO. () _____

VILLAGE WATER BILLS SHOULD BE SENT TO: (check one)

_____ OWNER at Property / Billing Address OR

_____ TENANT at Property Address

Comments _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE _____ DATE _____

OFFICE USE: Water _____ Exemptions?: Yes _____ Amount: _____
(Date entered) Tax _____ No _____