

# CHANGE OF OWNERSHIP FORM

VILLAGE OF GARDEN CITY  
FINANCE DEPARTMENT  
351 STEWART AVENUE  
GARDEN CITY, NEW YORK 11530  
516-465-4156  
VILLAGE WEBSITE: [WWW.GARDENCITYNY.NET](http://WWW.GARDENCITYNY.NET)



PLEASE COMPLETE THIS FORM AND RETURN AS SOON AS POSSIBLE TO [tax@gardencityny.net](mailto:tax@gardencityny.net)  
PLEASE PRINT THANK YOU.

NAME: \_\_\_\_\_

I AM/WE ARE THE ☐ OWNER(S) / ☐ TENANT(S) OF THE GARDEN CITY PROPERTY KNOWN AS:

PROPERTY ADDRESS: \_\_\_\_\_, GARDEN CITY, NY 11530

FORMER ADDRESS: \_\_\_\_\_

STREET ADDRESS

P.O. BOX

STATE

ZIP

BILLING ADDRESS: \_\_\_\_\_

(IF DIFFERENT FROM PROPERTY ADDRESS)

STREET ADDRESS

P.O. BOX

STATE

ZIP

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

IF OWNER, PLEASE COMPLETE THE FOLLOWING & **PROVIDE A COPY OF THE DEED:**

SALE PRICE: \_\_\_\_\_ DATE OF TITLE CLOSING: \_\_\_\_\_

PREVIOUS OWNER: \_\_\_\_\_

VILLAGE **TAX** BILLS SHOULD BE SENT TO: (CHECK ONE)

\_\_\_\_\_ OWNER AT PROPERTY / BILLING ADDRESS

\_\_\_\_\_ BANK: \_\_\_\_\_ MORTGAGE #: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK TELEPHONE #: \_\_\_\_\_

VILLAGE **WATER** (IF APPLICABLE) BILLS SHOULD BE SENT TO: (CHECK ONE)

\_\_\_\_\_ OWNER AT PROPERTY / BILLING ADDRESS OR

\_\_\_\_\_ TENANT AT PROPERTY ADDRESS TENANT NAME: \_\_\_\_\_  
(IF DIFFERENT THAN ABOVE)

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE:

ACCOUNT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

TAX \_\_\_\_\_ EXEMPTIONS? YES \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
WATER \_\_\_\_\_ NO \_\_\_\_\_

7/28/25