

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

PLEASE COMPLETE THIS FORM AND RETURN AS SOON AS POSSIBLE TO 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