

SEWER DEPARTMENT
TOWN OF WARRENSBURG N.Y.

REQUEST FOR CHANGE OF SEWER TAX ASSESSMENT

1. NAME OF PROPERTY OWNER _____

2. MAILING ADDRESS OF OWNER _____

3. PHONE NUMBER OF PROPERTY OWNER OR TRUSTEE _____

4. PROPERTY LOCATION _____

5. TAX MAP NUMBER SECTION/BLOCK _____

TYPE OF PROPERTY _____ Residence _____ Commercial _____ Industrial _____ MARK ALL THAT APPLY

6. NUMBER OF PERSONS RESIDING AT THIS LOCATION _____

NUMBER OF RESIDENTIAL APARTMENTS _____

NUMBER OF COMMERCIAL BUSINESSES _____

7. CURRENT SEWER TAX BILL _____ NUMBER OF UNITS _____ COMMERCIAL _____ RESIDENTIAL

9. NUMBER OF SEWER UNITS IN PREVIOUS QUARTER _____ COMMERCIAL _____ RESIDENTIAL

10. REQUEST FOR CHANGE IS BASED ON THE FOLLOWING REASONS _____

I _____ AS OWNER OF THE OWNER OF THE ABOVE PROPERTY

DESIGNATE _____ TO ACT AS MY REPRESENTATIVE IN ANY AND ALL PROCEEDINGS WITH REGARD TO THE WARRENSBURG SEWER DEPARTMENT FOR ACTIONS AT THIS PROPERTY

DATE _____ OWNER SIGNATURE _____

I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT; I FURTHER UNDERSTAND THAT THE MAKING OF A FALSE STATEMENT WITH REGARD TO THIS MATTER WILL MAKE ME SUBJECT TO THE PROVISIONS OF THE PENAL LAWS WHICH ARE RELEVANT TO MAKING AND FILING OF A FALSE INSTRUMENT.

DATE _____ SIGNATURE OF OWNER / AGENT _____