



**Town of Oyster Bay Receiver of Taxes**  
**Application for Exemption from Real Property Tax Penalty For**  
**Furloughed or Designated Non-Pay Federal Employees**

Instructions: Please fill out this document legibly and completely and submit to Tax Receiver in as timely a manner as possible. Federal Employee Identification is required. Incomplete applications will be returned to the applicant for correction and re-submission to the Tax Receiver. **False information will void any waived penalty.**

**Applicant Name (Federal Employee/Spouse/Domestic Partner):**

**Federal Employee Name if not the Applicant:**

**Applicant Address:**

**Applicant Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Extension** \_\_\_\_\_

**Property Description:**

**School District:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

**For Condo's Only- CA:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**I hereby certify to the Tax Receiver that I am a (Check Only One):**

- Furloughed or designated non-pay federal employee**
- Furloughed or designated non-pay federal employee spouse**
- Furloughed or designated non-pay federal employee domestic partner**

**I hereby certify that the above information is accurate and true.**

**Applicant Signature:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

**State of New York**

**County of** \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 2019 before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence that he/she/they executed this instrument in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
**Notary Public**

**Printed Name:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

**Please Return the Completed Form to: James J. Stefanich, Receiver of Taxes, Town of Oyster Bay, 74 Audrey Ave**  
**Oyster Bay, NY 11771-1539**

**Application Approved :** \_\_\_\_\_ **Date** \_\_\_\_\_