



**JEFFREY P. PRAVATO, RECEIVER OF TAXES
TOWN OF OYSTER BAY**

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516-624-6400 - fax 516-624-6415

CHANGE FORM

School District _____ Section _____ Block _____ Lot _____

(For Condominiums Only) Building CA _____ Unit _____

Owner Name: First _____ MI _____ Last _____

First _____ MI _____ Last _____

Property Address _____

Town and Zip Code _____

Mailing Address _____

Please Check One:

Taxes will be paid by:

_____ Taxpayer

_____ Bank/Financial Institution If yes, please fill in information below:

Bank Name _____

Bank Address _____

Please Check One:

Reason for change:

_____ New Owner

_____ Mortgage Satisfied

Other _____

Signature _____ Date _____

Telephone Number home () _____ cell () _____

E-Mail Address _____