



## TAX MAP VERIFICATION FORM

I request a *Tax Map Verification Letter* for the following property and understand that payment is due upon submission of this form:

SECTION _____	BLOCK _____	LOT _____
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Condo \_\_\_\_\_ Unit # \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The undersigned hereby makes an *Application for Tax Map Verification* for the above listed Section, Block and Lot. A processing fee of \$75 per letter is required pursuant to Local Law 7-2014, amending Section 6-33.0, of the Nassau County Administrative Code.

**NUMBER OF VERIFICATION LETTERS REQUESTED:** \_\_\_\_\_

Name of Applicant	Signature
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Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please forward the *Tax Map Verification Letter(s)* to my  ADDRESS  E-MAIL

**Checks should be made payable to the DEPARTMENT OF ASSESSMENT and mailed to:**  
Tax Map Verification, Nassau County Department of Assessment, 240 Old Country Road, 4<sup>th</sup> Floor, Mineola, NY 11501