

TOWN OF NORTH CASTLE ASSESSOR'S OFFICE NEIGHBOR NOTIFICATION ORDER FORM

(One form per radius)



Assessment Department will provide the following:

1. One list of names and mailing addresses of owners within radius; *
2. Two sets of mailing labels;
3. A hard copy of labels.

* Ownership data is believed accurate but not warranted and provided "as is". Assessor's Office is not responsible for ownership differences that may occur due to deed processing time or any other outside influence that may reflect a difference between data provided and actual ownership.

Information

Date: _____ Owners within 250' \$50.00 \$ _____

Section/Block/Lot: _____ Owners within 500' \$50.00 \$ _____

Owner's Name: _____
Add'l set of labels \$10.00 \$ _____

Property Address: _____
Please make check payable to Town of North Castle

Name of Firm or Representative (if any): _____
Total: \$ _____

Contact Person: _____

Contact Phone Number: _____
Total payment required prior to any commencement of work. **Please allow up to five business days to process request.**

E-Mail Address: _____
Ownership data generated from this request, to be used, solely, for Town related business. Not intended for solicitation.

Clerk ___ Planning ___ Zoning ___