



LIVINGSTON COUNTY

REQUEST FOR APPORTIONMENT

The undersigned has an interest in the property identified as Tax Map Number _____ on the _____ Town of _____ Assessment Roll and hereby requests the Assessor to apportion this parcel according to the authority conferred in Section 932 of the Real Property Tax Law.

Name

_____ (Telephone) _____

Address

Signature of Applicant Date

SUBMIT COMPLETED FORM TO THE TOWN ASSESSOR