TO: COUNTY OF NASSAU
OFFICE OF THE COUNTY TREASURER
240 OLD COUNTRY ROAD
MINEOLA, NY 11501

The undersigned is the holder of the Tax Sale Certificate(s) _____, Series of _____, covering the following property:

Town:
School District:
Section:
Block:
Lot:

The undersigned wishes to surrender the above-referenced certificate(s) for purpose of canceling the lien(s).

BY: _____

STATE OF _____)
) ss.:
COUNTY OF _____)

On the _____ day of _____, _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.