



# TOWN OF ROCHESTER

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## TAX INQUIRY REQUEST FORM

Today's Date: \_\_\_\_\_

Name on Tax Record: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Real Estate Tax

Excise Tax

Tax Year(s): \_\_\_\_\_

Name of Person Requesting Information

*(If Different From above):* \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

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