



CITY OF LONG BEACH  
DEPARTMENT OF ASSESSMENT  
1 WEST CHESTER STREET  
LONG BEACH, NEW YORK 11561  
(516) 431-1009  
FAX: (516) 431-1343

PEGGY F. FRASER  
ASSESSOR

*File between September 1<sup>st</sup> and November 30<sup>th</sup>*

**AFFIDAVIT**

\_\_\_\_\_ *Being duly sworn states that:*

*PRINT NAME*

*In accordance with Real Property Tax Law 458-a, I am a resident of the State of New York, and*

*My legal primary residence is \_\_\_\_\_ City of Long Beach.*

*ADDRESS*

*I have submitted with this affidavit a copy of any two of the following identifications:*

- 1) Copy of the most current NYS Income Tax Return*
- 2) Current Car Registration*
- 3) Current Car Insurance card*
- 4) Current Voter Registration card*

\_\_\_\_\_  
*SIGNATURE*

*Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_*

\_\_\_\_\_  
*Notary Public*