

NAME OF PARTIES

## OFFICE OF THE NASSAU COUNTY CLERK MAUREN O'CONNELL, COUNTY CLERK

240 OLD COUNTRY ROAD MINEOLA, NEW YORK 11501

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WWW.NASSAUCOUNTYNY.GOV/AGENCIES/CLERK/

## HURRICANE / SUPER STORM SANDY NASSAU COUNTY FEE REFUND APPLICATION

In accordance with Nassau County Local Law No. 1-2013 applicants requesting refund of Block fees paid to the Office of the Nassau County Clerk from October 29, 2012 through February 28, 2013 are required to fully complete, execute and submit this form along with evidence of payment in the form of a receipt issued by the Nassau County Clerk's office. The form must be signed by applicants and notarized. This form must be submitted in person or sent via certified/registered mail to the address above.

I/We the undersigned certify that the following statements herein made in this application are true and correct; that these fees are not covered or have not been reimbursed through a private insurance policy or by any Federal, State, or local disaster relief assistance; and such relief is necessary due to the effects of Hurricane / Super Storm Sandy.

(Applicants providing false information in connection with this request shall be guilty of a class A misdemeanor, subject to a fine of five thousand dollars and/or imprisonment, in addition to any other penalty provided by law.)

## ALL NAMES MUST APPEAR EXACTLY AS THEY DO ON THE RECORDED DOCUMENT 1) \_\_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_ PROPERTY INFORMATION Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_ Unit (if applicable) \_\_\_\_\_\_

## ADDRESS WHERE REFUND WILL BE MAILED & CONTACT INFORMATION

ADDRESS			
CITY, STATE, ZIP			
PHONE NUMBER			
FEMA IDENTIFICATION / CASE NUMBER			
PARTIES SIGNATURES & NOTARIZATION ALL PARTIES LISTED ABOVE MUST SIGN AND BE NOTARIZED			
SIC	<b>GN</b> (In Presence of Notary)		PRINT
1)_		-	
2) _		-	
3)_		-	
Sworn before me this day of, 20			
	tary Public		
NO	tary rubiic		
FOR OFFICE USE ONLY			
	Land Records: Information Verified Against Re	ecorded Inst	rument, F-11 Entry Made & Refund Approved
	Refund Amount \$ Initials:	·	
	Accounting: VS Document Entered, Claim Voucher Submitted to County Comptroller to Process to Treasu		
	Refund Amount \$ Initials:	<del></del>	