

ANNA HOOD
City Chamberlain

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Oneida, NY 13421
315-363-7399
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CITY OF ONEIDA
OFFICE OF THE CITY CHAMBERLAIN

REQUEST FOR COUNTY/CITY TAX RECEIPT

YEAR NEEDED: _____

NAME ON ADDRESS: _____

PROPERTY ADDRESS: _____

REQUESTOR: _____

Mailed (Address) _____

Emailed _____