



**OFFICE OF THE NASSAU COUNTY CLERK**

**MAUREEN O'CONNELL, COUNTY CLERK**

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MINEOLA, NEW YORK 11501  
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[WWW.NASSAUCOUNTYNY.GOV/AGENCIES/CLERK/](http://WWW.NASSAUCOUNTYNY.GOV/AGENCIES/CLERK/)

**HURRICANE / SUPER STORM SANDY FEE REFUND APPLICATION**

In accordance with Nassau County Local Law No. 07-2016 applicants requesting refund of Block fees paid to the Office of the Nassau County Clerk from January 1, 2014 through August 1, 2016 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.)*

**NAME OF PARTIES**

*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*

**SIGN** *(In Presence of Notary)*

**PRINT**

- |          |       |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |

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

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

**FOR OFFICE USE ONLY**

Land Records: Information Verified Against Recorded Instrument, Xerox Entry Made & Refund Approved  
Refund Amount \$ \_\_\_\_\_ Initials: \_\_\_\_\_

Accounting: VS Document Entered, Claim Voucher Submitted to County Comptroller to Process to Treasurer  
Refund Amount \$ \_\_\_\_\_ Initials: \_\_\_\_\_