## SAMPLE FORMAT

This is not an approved Departmental form. Its use is not prescribed, nor is it available from any Departmental administrative source. The requested information may be collected in any desired format.

SAMPLE LETTER TO TAX AUTHORITY DESCRIBING ACQUISITION BY HUD

City of Highland Park Tax Division Mailing Address City, State and Zip Code

The property described below has been acquired by the U. S. Department of Housing and Urban Development. Please revise your records to reflect The Department's ownership and submit all outstanding tax bills to the address shown below.

OWNER: U.S. Department of Housing and Urban Development

ACQUISITION DATE:

FHA CASE NUMBER:

PROPERTY ID: (Insert tax identification number, if known.)

PROPERTY ADDRESS:

LEGAL DESCRIPTION OF PROPERTY:

FORMER OWNER/MORTGAGOR:

FORMER OWNER ADDRESS:

Please mail all tax bills and issues related to this property to:

(Insert name and mailing address of local Field Office to ensure that all tax-related correspondence is sent to the Field Office and not to Headquarters.)

If you have any questions, please contact: (Insert name and phone number).

Sincerely,

Signature of authorized staff Title

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APPENDIX 26

## SAMPLE FORMAT

This is not an approved Departmental form. Its use is not prescribed, nor is it available from any Departmental administrative source. The requested information may be collected in any desired format.

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SAMPLE LETTER TO TAX AUTHORITY DESCRIBING PROPERTY SOLD BY HUD

City of Detroit
Tax Division
Mailing Address
City, State and Zip Code

The property described below has been sold by the Secretary of the U.S. Department of Housing and Urban Development. Please correct your records to reflect the new owner who will be responsible for all subsequent tax bills.

NEW OWNER:

NEW OWNER ACQUISITION DATE:

FHA CASE NUMBER:

PROPERTY ID: (Insert tax identification number)

PROPERTY ADDRESS:

LEGAL DESCRIPTION OF PROPERTY:

NEW OWNER MAILING ADDRESS, IF DIFFERENT THAN PROPERTY ADDRESS:

If you have any questions, please contact: (Insert name, phone number and mailing address).

Sincerely,

Signature of authorized staff Title

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