



# Town of Brookhaven Long Island

\_\_\_\_\_  
(Today's Date)

Dear Payroll,

I, \_\_\_\_\_,  
(Print Name)

would like to request a copy of my Payroll wages for

\_\_\_\_\_  
(Pay Period End Date or Paydate)

My Social Security Number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

When my copy is ready, I would like to (please check one)

\_\_\_\_\_ Have it mailed to my house

\_\_\_\_\_ Pick it up in person, please contact me at \_\_\_\_\_.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
Signature

**Department of Finance**

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www.brookhaven.org