



ASSESSOR'S OFFICE

Change of Name Form

I hereby authorize the Assessor to change my name:

From: \_\_\_\_\_

To: \_\_\_\_\_

Tax Map Number(s): \_\_\_\_\_

Property Location: \_\_\_\_\_

\_\_\_\_\_

Reason for Change: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (please print name) certify that I am the owner of the above referenced property and that I have the ability to request this change of name.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM TO:

Mail: Town of Skaneateles  
Assessor's Office  
24 Jordan Street  
Skaneateles, NY 13152

Fax: 315-685-5449

Email: [acase@townofskaneateles.com](mailto:acase@townofskaneateles.com)