



Name Change Form

To Whom it may concern:

I hereby authorize the Assessor to change my name:

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

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

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

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

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

I, \_\_\_\_\_ (please print name) certify that I am the owner of the above referenced property and 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: [kbenda@townofskaneateles.com](mailto:kbenda@townofskaneateles.com)