

**TOWN OF WILLIAMSON
Assessor's Office
6380 Route 21, Suite 2
Williamson, NY 14589
Phone (315) 589-9074 Fax (315) 589-9485**

NAME CHANGE REQUEST FORM

Previous Name: _____

New Name: _____

Reason for Change: _____

Address: _____

Tax Map Number: _____

Proof of new name submitted: _____
(Copy of Marriage license or Driver's license)

Owner Signature

Date