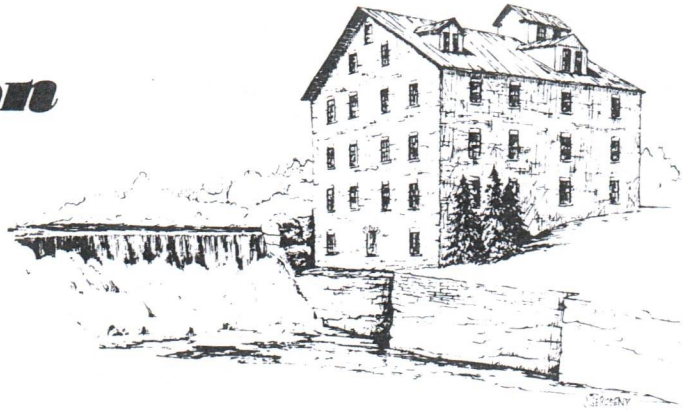


Town of Mendon

*Preserving the Past...
Protecting the Present...
Promoting the Future*



Date: _____, 20____

To: Assessor, Town of Mendon

Re: Change of Name

Re: Tax Account Number(s) _____

Property Address: _____

I request that my name be changed:

From: _____

To: _____

Reason for Change: _____

Signature: _____

Phone: _____

***Supporting Documentation: Driver's License / Marriage Certificate etc.**

Assessor
16 West Main Street, Honeoye Falls, NY 14472-1199 (585) 624-5254 FAX (585) 624-6065
www.townofmendon.org