

**Town of Chili**  
**Assessor's Office**  
**State of New York • County of Monroe**

**REQUEST FOR**  
**CHANGE OF NAME and/or ADDRESS**

**To request:**

A change of mailing address only, simply fill in the appropriate information below and submit proof of the new address. Examples may include a copy of a recent utility bill, driver license, or car/voter registration showing you at the new address.

A change of name due to a marriage or the death of a spouse, fill in the appropriate information below and provide a copy of the marriage or death certificate.

A change of name due to a divorce, fill in the appropriate information below and provide a copy of the divorce decree and/or the recorded deed showing new ownership.

**Please note:** These changes will not affect the status of your current deed – seek the advice of an attorney regarding changes to ownership on your deed. Changes received 45 days or less before the printing of a tax bill may not appear on the next bill. All owners of record must sign.

\*\*\*\*\*  
(Please PRINT all information, unless otherwise noted.)

Briefly state the reason for request: \_\_\_\_\_  
\_\_\_\_\_

Property Address/Location: \_\_\_\_\_

SWIS: **262200** Tax Acct. No. \_\_\_\_\_

**Previous** Mailing Address: \_\_\_\_\_

(Number & Street)

(City, State, Zip)

**New** Mailing Address: \_\_\_\_\_

(Number & Street)

(City, State, Zip)

**Previous** Name: \_\_\_\_\_

**New** Name: \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_

(Print Name)

(Signature)

(Print Name)

(Signature)

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

Power of Attorney Signature: \_\_\_\_\_

Copy on file? Yes No Date: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

R:\4\_Office\12\_Office\Rev 2012\_Change of Add\_Name

Updates: RPS: \_\_\_\_\_ PRC: \_\_\_\_\_ Roll Yr: \_\_\_\_\_ BY: \_\_\_\_\_

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<http://www.townofchili.org>