



## TOWN OF RAMAPO

237 Route 59  
Suffern, New York 10901  
(845) 357-5100

### REQUEST FOR CHANGE OF NAME AND/OR ADDRESS

Please provide Driver's License as Identification  
(Or other government issued photo ID)

**NOTE: PROOF OF AUTHORIZATION IS REQUIRED IF PROPERTY IS NOT INDIVIDUALLY OWNED.**

DATE: \_\_\_\_\_

PROPERTY ID: \_\_\_\_\_

NAME AND PROPERTY LOCATION OF OWNER ON CURRENT ROLL:

\_\_\_\_\_

PLEASE CHANGE NAME TO READ:

\_\_\_\_\_

PLEASE CHANGE MAILING ADDRESS TO:

\_\_\_\_\_

REASON: (please check):

- \_\_\_ NAME LEGALLY CHANGED
- \_\_\_ MARRIAGE OR REMARRIAGE
- \_\_\_ INHERITANCE
- \_\_\_ DEATH OF HUSBAND OR WIFE
- \_\_\_ INCORRECT SPELLING
- \_\_\_ CHANGE OF INITIAL
- \_\_\_ MOVED
- \_\_\_ OTHER – SPECIFY \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
(Please print name)

\*Daytime Phone \_\_\_\_\_

\*Please leave us a number where we can reach you during business hours.