



**Assessing Office**  
58 Opera House Square,  
Claremont, New Hampshire 03743  
Ph: (603) 542-7004  
Fax: (603) 542-7014  
Email: assessor@claremontnh.com  
www.claremontnh.com

## CHANGE OF NAME FORM

A request for change of name for the property tax bill or the water and sewer bill must be received in writing from the taxpayer to the Assessing Department.

Date \_\_\_\_\_

Tax Account # \_\_\_\_\_ Map/Lot # \_\_\_\_\_ Water and Sewer Account # \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

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

**Name Change:** \_\_\_\_\_

**Name Removal:** \_\_\_\_\_

I attest to by this submission that I (we) am (are) the property owner(s) of the above listed property.

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