



City of Auburn, Maine  
Office of the Assessor

## NAME CHANGE FORM

Map \_\_\_\_\_ Lot \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check Reason:     **Marriage**     **Divorce**     **Death**     **Other**

Current Owner's Name on Property \_\_\_\_\_

\_\_\_\_\_

New Owner's Name on Property \_\_\_\_\_

Property Location (street address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor's Telephone Number \_\_\_\_\_

E mail address (optional) \_\_\_\_\_

- **For requests due to marriage, please provide a copy of the marriage certificate.**
- **For requests due to divorce please provide a copy of the divorce judgement or deed as applicable.**
- **For requests due to death, please provide a copy of the death certificate.**
- **If other, please explain.**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return the completed form to the Assessing Department**

e mail: [assessing@auburnmaine.gov](mailto:assessing@auburnmaine.gov)

fax: 207-333-6625

mail: 60 Court Street, Suite 104, Auburn, Maine 04210