



## Change of Name Form

Name as Currently Titled: \_\_\_\_\_

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

Permanent Parcel No: \_\_\_\_\_

Street Address: \_\_\_\_\_

City or Village: \_\_\_\_\_

Zip Code: \_\_\_\_\_

***Legal Description*** attached \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

### AUDITOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Sent to Treasurer: \_\_\_\_\_ Sent to Recorder: \_\_\_\_\_



**FRANKLIN COUNTY AUDITOR MICHAEL STINZIANO**

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