



Town of Amherst, NY
Office of the Assessor
Emily A. Murphy Assessor

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Merge Property Request Form

Name: _____

Address: _____

Phone: _____ email: _____

Signature: _____

Please note that in order for your properties to be merged title must have exact same ownership and the properties must be contiguous.

1. Address _____ SBL# _____
Owner: _____ Deed Liber/Page _____

2. Address _____ SBL# _____
Owner: _____ Deed Liber/Page _____

3. Address _____ SBL# _____
Owner: _____ Deed Liber/Page _____