

BLAIR COUNTY ASSESSMENT OFFICE

ADDRESS CHANGE FORM

DATE OF REQUEST: _____

PARCEL NUMBER: 0014-_____

CONTROL NUMBER: _____

NAME: _____

PRESENT ADDRESS: _____

CITY / STATE / ZIP: _____

ADDRESS TO BE CHANGED TO:

NAME: _____

STREET: _____

CITY / STATE / ZIP: _____

PERSON REQUESTING CHANGE

SIGNATURE: _____

DATE: _____

THIS FORM MUST BE FILED WITH THE BLAIR COUNTY ASSESSMENT OFFICE

BLAIR COUNTY ASSESSMENT OFFICE
423 ALLEGHENY STREET, SUITE 041
HOLLIDAYSBURG, PA 16648