

BLAIR COUNTY ASSESSMENT OFFICE

ADDRESS CHANGE FORM

DATE OF REQUEST _____

PARCEL NUMBER _____

CONTROL NUMBER _____

NAME _____

PRESENT ADDRESS _____

CITY/STATE/ZIP _____

ADDRESS TO BE CHANGED TO:

NAME _____

STREET _____

CITY/STATE/ZIP _____

PERSON REQUESTING CHANGE _____
PLEASE PRINT

SIGNATURE _____

DATE _____

THIS FORM MUST BE FILED WITH:
ASSESSMENT OFFICE
423 ALLEGHENY ST SUITE 041
HOLLIDAYSBURG PA 16648