

CHANGE OF ADDRESS FORM

PARCEL ID ('S) _____

CITY/TOWNSHIP/BORO _____

PROPERTY OWNER'S NAME:

OLD ADDRESS:

NEW/CORRECTED ADDRESS:

PHONE # _____

RELATIONSHIP TO PROPERTY OWNER: (Please check one)

PROPERTY OWNER

POWER OF ATTORNEY (Copy of Letter)

ATTORNEY

OTHER _____

(Explain)

Print name

Signature

Date

Please return to: Lawrence County Assessment Office
430 Court St Street
New Castle, PA 16101

OFFICE USE ONLY:

OFFICE _____

EMPLOYEE _____

DATE _____