

**BLAIR COUNTY ASSESSMENT OFFICE**

**ADDRESS CHANGE FORM**

\*PLEASE PRINT

DATE OF REQUEST: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

CONTROL NUMBER: \_\_\_\_\_

SITUS ADDRESS OF PARCEL: \_\_\_\_\_

WILL THIS CHANGE EFFECT MORE THAN ONE PROPERTY? \_\_\_\_\_ IF YES, LIST ADDITIONAL PARCEL(S) ON BACK.

PROPERTY OWNER(S): \_\_\_\_\_

PREVIOUS MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

**MAILING ADDRESS TO BE CHANGED TO:**

STREET: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PERSON REQUESTING CHANGE (PRINT NAME): \_\_\_\_\_

REASON FOR CHANGE: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

CO-OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

- REQUEST MUST BE MADE BY OWNER(S) OR AUTHORIZED REPRESENTATIVE (ATTACH APPROPRIATE AUTHORIZED DOCUMENTATION)
- THIS FORM MUST BE FILED WITH THE ASSESSMENT OFFICE OF BLAIR COUNTY COURTHOUSE HOLLIDAYSBURG, PA 16648
- PLEASE RETURN FORM BY FAX, E-MAIL OR MAIL TO:

ASSESSMENT OFFICE  
423 ALLEGHENY ST. STE 041  
HOLLIDAYSBURG, PA 16648-2022  
814- 693-3110

- FAX NO: 814-693-3115
- E-MAIL: [BLAIRASSESSMENT@BLAIRCO.ORG](mailto:BLAIRASSESSMENT@BLAIRCO.ORG)

\*If requesting In Care Of, both owner and person requesting C/O must sign form.\*  
\*\*Failure to update the County Assessment Office with information could result with an incorrect mailing address. Tax payers that don't receive a tax bill shall not be relieved from the payment of any taxes imposed or billed by any taxing body. \*\*