

# Qualified Assessment Changes Invoice

Tax Collector: \_\_\_\_\_  
Address: \_\_\_\_\_  
Taxing Municipality: \_\_\_\_\_

**Qualified Assessment Change Code Nos. 1 through 14**

Parcel No: _____	Parcel No: _____	Parcel No: _____
Error Code No: _____	Error Code No: _____	Error Code No: _____
Correction Code No: _____	Correction Code No: _____	Correction Code No: _____

Parcel No: _____	Parcel No: _____	Parcel No: _____
Error Code No: _____	Error Code No: _____	Error Code No: _____
Correction Code No: _____	Correction Code No: _____	Correction Code No: _____

Parcel No: _____	Parcel No: _____	Parcel No: _____
Error Code No: _____	Error Code No: _____	Error Code No: _____
Correction Code No: _____	Correction Code No: _____	Correction Code No: _____

Parcel No: _____	Parcel No: _____	Parcel No: _____
Error Code No: _____	Error Code No: _____	Error Code No: _____
Correction Code No: _____	Correction Code No: _____	Correction Code No: _____

Parcel No: _____	Parcel No: _____	Parcel No: _____
Error Code No: _____	Error Code No: _____	Error Code No: _____
Correction Code No: _____	Correction Code No: _____	Correction Code No: _____

Total Number of Incorrect Parcels: \_\_\_\_\_ x \$5.00 Per Parcel = \_\_\_\_\_

**Remit to Chief Clerk, Cambria County Courthouse, 200 S Center St., Ebensburg, PA 15931**