

REQUEST FOR ADDRESS CHANGE

ASSESSED NAME: \_\_\_\_\_

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

MAP NUMBER: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

I authorize, by my signature below, a change of address on the property described above in my capacity as owner/trustee/executor/executrix/representative of this property. The mailing address should be changed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

Mail the completed form to:

Cambria County Tax Claim Bureau  
200 South Center Street  
Ebensburg, PA 1593

CHANGED BY: \_\_\_\_\_ DATE: \_\_\_\_\_