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ASSESSMENT OFFICE

NEW OWNERS --- LEASED LAND TRAILERS

Date: _____

Control Number: _____

Map Number: _____

You are hereby authorized and directed to make the following changes:

IS THIS PROPERTY THE LEGAL RESIDENCE OF THE/ANY OWNER? YES NO

Please be aware that any change from the designated 911 address system will eliminate inclusion for the Homestead Act reduction unless ownership under the statutes applies and proper notification is supplied to the Assessment Office.

Has the Manufactured Housing /Mobile Home title been retired or cancelled. Yes No
If Yes, provide verification letter from the PA Dept. of Transportation.

Old Owner Information

New Owner Information

Signature: _____

Print Name: _____

Date

Telephone