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ASSESSMENT OFFICE

REQUEST FOR ADDRESS CHANGE

ASSESSED NAME: _____

CONTROL NUMBER: _____

MAP NUMBER: _____

CITY, BOROUGH OR TOWNSHIP: _____

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.

If this property contains a Manufactured Housing /Mobile Home, has the title been retired or cancelled.

Yes No

If Yes, provide verification letter from the PA Dept. of Transportation.

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

Signature

Telephone

Date

Mail to: Cambria County Assessment Office
200 South Center Street
Ebensburg, PA 15931