

JEFFERSON COUNTY
TAX CLAIM BUREAU - ASSESSMENT - MAPPING &
9-1-1 ADDRESSING

County Court House
 200 Main Street, Suite 106 B
 Brookville, PA 15825
 Phone: 814-849-1643



REQUEST FOR ADDRESS CHANGE

Date: _____

Property Owner(s): _____ Phone #: _____

New Mailing Address: _____

City/State: _____ Zip Code: _____

Parcel ID # _____ - _____ - _____ Parcel ID # _____ - _____ - _____

Parcel ID # _____ - _____ - _____ Parcel ID # _____ - _____ - _____

Parcel ID # _____ - _____ - _____ Parcel ID # _____ - _____ - _____

If multiple parcels are owned; address changes will only be made on parcels listed above

I certify that the information provided in this change of address request is true, accurate and complete. Your information will be used to provide a mailing address for taxation purposes and does not change the ownership of the property.

Taxpayer Name (Printed): _____ Date: ____/____/____

Taxpayer Name (Signature): _____ Date: ____/____/____

Taxpayer Name (Printed): _____ Date: ____/____/____

Taxpayer Name (Signature): _____ Date: ____/____/____

FOR OFFICE USE ONLY

Received On: _____

Reviewed By: _____ Date: ____/____/____

Approved: _____ Rejected: _____ (reasons attached)