

**BEAVER COUNTY ASSESSMENT OFFICE
ADDRESS CHANGE FORM**

Date of Request: _____

| Parcel# | Dist. | - | Map | - | Parcel | . | Split |
|---------|-------|---|-----|---|--------|---|-------|
| | | - | | - | | . | |

A. Type of Transaction Change Address Remove Lender
 Add Lender Change Lender

Name#1

| |
|--|
| |
|--|

Name#

| |
|--|
| |
|--|

Street

| |
|--|
| |
|--|

City/State

| |
|--|
| |
|--|

Zip Code

| |
|--|
| |
|--|

Mortgage Code

| |
|--|
| |
|--|

For **2023** Tax Year

Please sign and return the entire form in the enclosed envelope.

Thank you.

Person requesting change:
ange change

Name - Please Print

Signature

Date

Owners Copy _____

Assessment Office Copy X

Other _____

Clerk Initials TAX COLLECTOR

TAXING DISTRICT _____