



Data/Address Change Form

Parcel Identification Number: _____

Property Address: _____

Old Mailing Address Information

Full Name: _____

Address : _____

City: _____ State: _____ Zip Code: _____

New Mailing Address Information

Full Name: _____

Address : _____

City: _____ State: _____ Zip Code: _____

Other Corrections

Submitter's Information (All fields required for request to be considered)

Full Name: _____

Address : _____

City: _____ State: _____ Zip Code: _____

Primary Phone: () _____ **Alternate Phone:** () _____

Relationship to Owner: _____

Signature: _____ (Print Name) _____

Return To:

Washington County Tax Assessment Office

100 W Beau St, Ste 205

Washington, PA 15301

Phone: (724) 228-6850 Hours Mon-Fri 9:00 am—4:30 pm

Fax (724)250-4675 Email to: sheldone@co.washington.pa.us