



Data/Address Change Form

Parcel Identification Number: _____

Property Address: _____

Is this parcel your primary residence? _____

Escrow Company Information (Changes Only)

PLEASE CIRCLE ONE: ADD OR REMOVE

Company Name: _____

Address : _____

City: _____ State: _____ Zip Code: _____

Old Mailing Address Information

Full Name: _____

Address : _____

City: _____ State: _____ Zip Code: _____

New Mailing Address Information

Full Name: _____

Address : _____

City: _____ State: _____ Zip Code: _____

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

Full Name: _____

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

Signature of Deeded Owner(s) is required: _____

Return To:

Washington County Tax Assessment Office

95 W Beau St, Ste 525

Washington, PA 15301

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