



Data/Address Change Form

Property Account Number: _____

Old Mailing Address Information

Full Name: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

New Mailing Address Information

Full Name: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *Zip Code*

Other Corrections

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

Full Name: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

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

Relationship to owner: _____

Signature: _____ (Print Name) _____

Return to: Lancaster County Property Assessment Office

150 North Queen Street

Suite 310

Lancaster, PA 17603

Phone: (717) 299-8381 Hours: Mon-Fri 8:30 am – 5:00 pm

Fax: (717) 299-8376 (Attention:Laurie Horst) Email to: Horst@co.lancaster.pa.us