



# Data/Address Change Form

Property Account Number: \_\_\_\_\_

Property Location: \_\_\_\_\_

## 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*

## Reason for Change (Required) for form processing

## 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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

**\*\* AS OF 2-6-2025 PHOTO ID IS REQUIRED FOR PROCESSING \*\***

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 Email

to: AssmtChngform@lancastercountypa.gov

**\*\* if you are not the owner of this property, YOU MUST provide a copy of your Power of Attorney Form, to authorize this change request. \*\*\* Otherwise change will not be made\*\*\***