

# Change of Mailing Address for Tax Billing

*Please fill in requested information and mail or fax to this office.*

Chester County Assessment Office  
313 W. Market St., Suite 4202  
P.O. Box 2748  
West Chester, PA 19380-0991  
Fax: (610) 344-5902

Name as it Appears on Bill (*Print*): \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Municipality: \_\_\_\_\_

**Change Mailing Address To:** \_\_\_\_\_

**Property Address** (*Leave blank if same as above*): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Owner(s) signature required to process form*

*Print Name as Appearing on Signature Line:* \_\_\_\_\_

***Please note: If the property is deeded under a corporate name, the address change request must be made on the official letterhead of the corporation. If for any reason the change can not be provided on corporate letterhead, a letter detailing the situation must be mailed to the Assessment Director.***

*Mailing address will not be changed to a Mortgage Company or Bank.*

If you are requesting that multiple parcels be changed to the mailing address listed above, please use space(s) provided below.

Parcel Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property Address: \_\_\_\_\_