

County of Centre



ASSESSMENT

BOARD OF COMMISSIONERS

MICHAEL PIPE, *Chair*
MARK HIGGINS
STEVE G. DERSHEM

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CHIEF ASSESSOR
MARK J. KELLERMAN

ADDRESS CHANGE FORM

Please Print

Name(s) of property owners _____

Parcel Number _____

Property Location _____

Please fill in below the address you want future tax statements / correspondence to be mailed to.

Address _____

City _____

State/Zip Code _____

Phone Number _____

This form must be signed to change the tax record

Signature of owner _____

Date _____

*****If you are *NOT* an owner of the property, however an authorized conglomerate to make changes to tax statement/assessments/correspondence please sign below*****

Signature of Affiliate _____

Date _____

Title of Affiliate _____

Conglomerate Name _____

Conglomerate Address _____

Telephone _____