

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: _____

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