



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 _____

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 (Attn: Kevin Edwards) Email to: EdwardsK@co.lancaster.pa.us