

Address Change Request Form

Date _____

Tax Map Number _____

Owner Name _____

Telephone _____

Old Mailing Address:

New Mailing Address:

Physical Property Address:

Owners Signature:

(For persons other than the owner, please provide the necessary documentation)

Fill out the form & mail signed copy to:
Westmoreland County Tax Assessment Department
Attn: Address Change
40 North Pennsylvania Ave, Suite 440
Greensburg, PA 15601