



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*

Reason for Change (Required) for form processing

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: _____ Date: _____

Print Name _____

**** AS OF 2-6-2025 PHOTO ID IS REQUIRED FOR PROCESSING ****

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 Email

to: AssmtChngform@lancastercountypa.gov

**** if you are not the owner of this property, YOU MUST provide a copy of your Power of Attorney Form, to authorize this change request. *** Otherwise change will not be made*****