



Susquehanna County Assessment Office

31 Lake Ave., PO Box 218
Montrose, PA 18801
(570) 278-4600 (Ext 4001) Fax: (570) 278-1302
Office Hours: Monday-Friday 8:30AM-4:30PM

Address Change/Care Of Request Form

Please be aware that any changes you make to your address may also affect your Homestead/Farmstead status.

Is this parcel your primary residence _____ (Yes/No)

Date: _____ Township/Borough: _____

Deeded Owners Name(s): _____

Old Address: _____

New Address: _____

Phone Number: _____

Map Number(s) requiring a change (Located on tax bill):

I understand that all of my tax bills & correspondence for the above referenced parcel (s) will be sent in care of my authorized designee.(where applicable) This authorization will remain in effect until otherwise rescinded in writing by future authorization. I release Susquehanna County, its agents, representatives, and/or employees from any and all Liability related to such communications.

This form must be signed by all deeded owners and NOTARIZED. Additional notarized signatures may be placed on the back of this form.

Signature/Date _____

Signature/Date _____

Signature/Date _____

Signature/Date _____

Commonwealth of Pennsylvania
County of Susquehanna

Commonwealth of Pennsylvania
County of Susquehanna

On this, the _____ day of _____, 20____,
Before me, the undersigning officer, personally appeared

On this, the _____ day of _____, 20____,
Before me, the undersigning officer, personally appeared

In witness whereof, I hereunto set my hand and official seals.

In witness whereof, I hereunto set my hand and official seals.

Notary Public

Notary Public