



# 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 property your primary residence \_\_\_\_\_ (Yes/No)

Date: \_\_\_\_\_

Township/Borough: \_\_\_\_\_

Deeded Owners Name(s): \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parcel/Tax 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be sent in care of my authorized designee.(where applicable) This authorization will remain in effect until otherwise rescinded in writing by future authorization.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 \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

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