



COUNTY OF LEHIGH
Office of Assessment

Corey A. Cieslak
Director

MAILING ADDRESS CHANGE FORM

_____ **WISH TO HAVE MY/OUR MAILING**
RECORD OWNER (PLEASE PRINT)

ADDRESS CHANGED FROM: _____

TO: _____

FOR PROPERTY LOCATED AT: _____

PIN#: _____

OWNER'S SIGNATURE: _____

DATE: _____

DAYTIME PHONE NUMBER: _____

FOR OFFICIAL USE ONLY BY LEHIGH COUNTY ASSESSMENT OFFICE
ABOVE CHANGE NOTED ON LEHIGH COUNTYASSESSMENT RECORDS:

BY: _____

DATE: _____