



COUNTY OF NORTHAMPTON ASSESSMENT OFFICE REQUEST FOR ADDRESS CHANGE

Parcel ID:

_____ (MAP BLOCK LOT)

_____ (SCHL MUNI)

Owner Name:

_____ (Last)

_____ (First)

_____ (MI)

**Property Location
Address:**

_____ (Number)

_____ (Dir)

_____ (Street)

**Old
Mailing Address:**

_____ (C/O)

_____ (Number)

_____ (Dir)

_____ (Street)

_____ (City)

_____ (State)

_____ (Zip Code)

**Change Notice
Mailing Address:**

_____ (C/O)

_____ (Number)

_____ (Dir)

_____ (Street)

_____ (City)

_____ (State)

_____ (Zip Code)

Return Completed Form to:

or

Fax to:

Assessment Office
Northampton County Courthouse
669 Washington Street
Easton PA 18042-7484

(610) 559-3796

(Signature of Property Owner)

(Date)

(Daytime Phone)

PROPERTY ASSESSMENT USE ONLY:

Received: _____ Entered: _____