



COUNTY OF CLARION OFFICE OF ASSESSMENT AND REVISION OF TAXES

421 MAIN STREET CLARION, PA 16214
PHONE: 814-226-4000 Ext 2300
Email: assessmentoffice@co.clarion.pa.us



I request that the tax mailing address be changed to below address.

Date: _____

Name of property owner(s) _____

New Address of Taxpayer: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____

Map Number

Control Number

I certify that the information provided in this change of address notification is true, accurate and complete. Your information will be used to provide a mailing address for taxation purposes and does not change the ownership of the property.

Signature of taxpayers

CHANGE OF ADDRESS