

# **Change of Mailing Address for Tax Billing**

*Please fill in requested information and mail or fax to both offices.*

Chester County Assessment Office  
121 N. Walnut Street, Suite 200  
P.O. Box 2748  
West Chester, PA 19380-0991  
Fax: (610) 344-5902

Coatesville Finance Department  
1 City Hall Place  
Coatesville, PA 19320  
Fax: (610) 384-3612

Name as it Appears on Bill (*Print*): \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Municipality: \_\_\_\_\_

**Change Mailing Address To:** \_\_\_\_\_

**Property Address** (*Leave blank if same as above*): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Owner(s) signature required to process form*

*Please note: Mailing address will not be changed to a Mortgage Company or Bank.*

**If you are requesting that multiple parcels be changed to the mailing address listed above, please use space(s) provided below.**

Parcel Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

**Mailing Address: Address to where Tax Bills are to be mailed**

**Property Address: Address of physical location of property**