

REAL ESTATE CHANGE OF ADDRESS / NAME FORM

REAL ESTATE PARCEL IDENTIFICATION NUMBER(S):

NAME OF TAXPAYER(S) AS SHOWN CURRENTLY ON OUR RECORDS:

NEW ADDRESS:

Signature of Person Requesting the Change	Date
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This Form May Be Mailed or Delivered To:

Commissioner of the Revenue
Allegheny County Governmental Complex
9212 Winterberry Avenue, Suite E
Covington, VA 24426

OR

Faxed To:

(540) 863-6644

OR

Emailed To:

sselleck@co.allegheny.va.us

OR

If you have any questions, please feel free to call:

(540) 863-6640

FOR OFFICE USE:

Date Changed in CAMRA: _____

By: _____

Date Changed in Pentamation: _____

By: _____