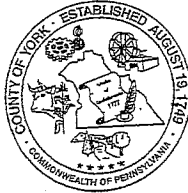


# THE COUNTY OF YORK

E. JOHN FEDOR  
DIRECTOR  
CHIEF ASSESSOR



WILLIAM T. HAST  
SOLICITOR

## ASSESSMENT OFFICE

### Real Estate Tax Billing Name Change Request for Surviving Spouse

\_\_\_\_\_  
(PARCEL ID NUMBER)

I, \_\_\_\_\_, surviving spouse of \_\_\_\_\_,\*

do hereby request and give the York County Assessment Office authorization to change the "billing name" on our Real Estate Tax Bills to:

\_\_\_\_\_  
(surviving spouse's name)

\_\_\_\_\_  
(number & street name)

\_\_\_\_\_  
(city or town with zipcode)

**By signing this request/authorization, I understand that this change is for Real Estate Tax billing purposes only and will not change any legal documents such as a deed, etc.**

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**\* NOTE: A copy of the spouse's death certificate must be attached.**

(Send to the attention of the Assessment Edit Department at the address below)

28 EAST MARKET STREET • ROOM 105 • YORK, PENNSYLVANIA 17401-1585 • TELEPHONE (717) 771-9232

BETTY HAMM  
MEMBER

BOARD OF ASSESSMENT APPEALS  
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