

ADAMS COUNTY TAX SERVICES DEPARTMENT 117 BALTIMORE ST. RM. 202 GETTYSBURG PA 17325

PHONE # 717-337-9837 FAX # 717-337-5767

OCCUPATION ASSESSMENT CHANGE REQUEST

DATE:	PHONE #:
BIRTHDATE:	E-MAIL:
NAME:	
ADDRESS:	
	MUNICIPALITY:
PRESENT JOB TITLE:	
EMPLOYER:	PHONE #:
PRESENT HOURS WORKED WEEKLY:	# WEEKS PER YEAR:
PAST POSITION:	EMPLOYER:
LENGTH OF TIME IN PAST POSITION:	DATE OF SEPARATION:
REASON FOR REQUEST:	
the other taxing bodies (i.e. Borough, Township) ca have a current unpaid occupation tax adjusted, plea procedure and contact person in that individual taxi	lescribed in the foregoing and I do hereby certify that the correct and that this request is made in good faith, and, if I to verify or clarify the above date. I understand that if my is not satisfactory to me, I have a right to file an appeal. Signature
FOR OFFICE USE ONLY OCCUPATION ASSESSMENT APPROVED:	
NO CHANGE TO OCCUPATION ASSESSMENT:	
ASSESSOR'S APPROVAL:	DATE: