

TOWNSHIP OF HAVERFORD

Finance Department
1014 Darby Rd
Havertown, PA 19083
(610) 446-1000

TAX BILL CHANGE OF ADDRESS FORM

Owner Name _____

Property Address _____

Mailing Address (if different) _____

Contact Phone # _____

Effective Date of Change _____

Property Owner Certification

Property Owner's Certification: I, the undersigned, owner of the property located at the address listed above, hereby do certify under penalty of law, that the information furnished is true and correct to the best of my knowledge.

Signature

All change of address requests must be made prior to December 31 for inclusion on the following year tax bills.