

OCCUPATION ASSESSMENT INFORMATION

ADDITION _____ REQUEST CHANGE OF JOB TITLE _____ CHANGE OF NAME AND OR ADDRESS _____

NAME _____ SOCIAL SECURITY NO. _____

STREET ADDRESS _____ TELEPHONE NO. _____

CITY _____ STATE _____ ZIP CODE _____

BOROUGH/TOWNSHIP _____ DATE OF BIRTH _____

FORMER STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE MOVED _____

EMPLOYER _____ JOB TITLE _____

EMPLOYER ADDRESS _____ PHONE _____

DESCRIBE JOB DUTIES _____

NUMBER OF HOURS WORKED PER WEEK _____

DATE OF EMPLOYMENT _____

ARE YOU A FULL TIME STUDENT _____ IF YES, NUMBER OF CREDITS PER SEMESTER _____

INSTITUTION _____

JOB TITLE YOU ARE REQUESTING CHANGED _____

CHANGE BASED ON: ACTUAL JOB DUTIES _____

CHANGE OF OCCUPATION _____ DATE OF CHANGE _____

RETIREMENT _____ DATE OF RETIREMENT _____

I UNDERSTAND THAT THIS REQUEST WILL BE REVIEWED BY LOCAL AND COUNTY OFFICIALS. I ALSO UNDERSTAND THAT IF THIS REQUEST IS NOT SATISFIED BY THESE MEANS, I HAVE THE RIGHT TO FILE A FORMAL APPEAL THAT WILL BE REVIEWED BY THE CUMBERLAND COUNTY BOARD OF ASSESSMENT APPEALS.

ANY PERSON WHO INTENTIONALLY AND KNOWINGLY FILLS OUT THIS STATEMENT FALSELY IS SUBJECT TO A FINE OF \$5,000.00 AND/OR A PRISON TERM OF TWO YEARS UNDER THE PENNSYLVANIA CRIMES CODE, SECTION 4904.

SIGNATURE _____ DATE _____

**RETURN TO:
COUNTY OF CUMBERLAND
ATTN: OCCUPATION TAX OFFICE
ONE COURTHOUSE SQUARE
CARLISLE, PA 17013**