

OCCUPATION ASSESSMENT APPEAL FORM
NORTHUMBERLAND COUNTY ASSESSMENT BUREAU
3RD FLOOR, 399 STADIUM DR, SUNBURY, PA 17801

Persons wishing to request change of occupation classifications please complete this form and return it to your **LOCAL TAX COLLECTOR** or **LOCAL SCHOOL DISTRICT**. Incomplete requests will not be processed and will be returned to you.

This request will be reviewed by the **CHIEF ASSESSOR** and if any change is made your **LOCAL TAX COLLECTOR** or **LOCAL SCHOOL DISTRICT** will be sent notification. If you have any questions or concerns please contact the **ASSESSMENT BUREAU** at 988-4112.

Name: _____ Age: _____

Address 1: _____

Address 2: _____

City: _____ Telephone #: (____) _____ - _____

Tax Collector's Name (as it appears on your most recent bill): _____

Occupation Code (as it appears on your most recent bill): _____

Last Place of Employment: _____

Address: _____

City/State/Zip: _____

Last Date Worked: ____/____/____

Are you at present **UNEMPLOYED** (check one): **Yes** **No** **RETIRED**

Is this **TEMPORARY** (check one): **Yes** **No** If yes, please explain: _____

If **EMPLOYED**, complete the following:

Present Place of Employment: _____

Address: _____

City/State/Zip: _____

If employed at present, describe in detail the nature of your work:

If employed at present, are you employed part time (check one): **Yes** **No**

Do you work part time for more than one employer (check one): **Yes** **No**

If yes, list the total number of hours worked for all employers: _____

Under the penalties of perjury, I (the party named above) certify this information is true and correct.

Signature: _____ Date: ____/____/____

County Use Only: Approved Denied New Occ. Code: _____