



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: _____

NOTE:

- * Unemployment status change effective after six months lay-off only.
- * Occupation assessments are not based on income.
- * The County only has the authority to adjust an occupation assessment. The Occupation tax that is levied by the other taxing bodies (i.e. Borough, Township) can only be adjusted by that taxing body. If you wish to have a current unpaid occupation tax adjusted, please contact this office as to the policy, time limit, correct procedure and contact person in that individual taxing district.
- * Notification of the outcome of this request will be sent to you by way of an Assessment Notice or letter.

I hereby request a change in my occupation assessment, described in the foregoing and I do hereby certify that the statements made by me in connection thereto are true and correct and that this request is made in good faith, and, if needed, I give my consent for my employer to be contacted to verify or clarify the above date. I understand that if my occupation assessment can not be adjusted or the change 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: _____

