

**OCCUPATION ASSESSMENT APPEAL FORM**  
**NORTHUMBERLAND COUNTY ASSESSMENT BUREAU**  
3<sup>RD</sup> 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: \_\_\_\_\_