

REQUEST TO CHECK ASSESSMENT

**TO: CHIEF ASSESSOR, COUNTY OF MERCER
4 COURTHOUSE
MERCER, PA 16137**

FROM: _____
(BOROUGH/CITY/TOWNSHIP)

(NAME OF OFFICIAL)

(CITY, STATE, ZIP CODE)

(SIGNATURE OF ELECTED/APPOINTED OFFICIAL)

DATE: _____

PROPERTY OWNER: _____

MAP NUMBER: _____

ADDRESS OF PROPERTY: _____

PLEASE CHECK THE ABOVE DESCRIBED PROPERTY FOR:

RESPONSE OF THE TAX ASSESSMENT DEPARTMENT:

DATE