



LARISSA M. GAVLAK
DIRECTOR

200 South Center Street
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www.cambriacountypa.gov/tax-claim/

Tax Claim Bureau

DATA REQUEST FORM

DATE REQUESTED: _____

NAME OF REQUESTOR: _____

EMAIL OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY: _____

TELEPHONE: _____

RECORDS REQUESTED: DELINQUENT TAX FILE

METHOD OF TRANSFER: EMAIL OR FTP SITE

COST: \$550.00 CHECK PAYABLE TO:
CAMBRIA COUNTY TAX CLAIM BUREAU
200 SOUTH CENTER STREET
EBENSBURG, PA 15931

SPECIAL REQUEST: _____

Once we receive your payment of \$550.00, we will have our computer provider (INFOCON CORPORATION) release the information to you.

CAMBRIA CONTACT PERSON: Larissa M. Gavlak lgavlak@co.cambria.pa.us