

FOR OFFICIAL USE ONLY

Recorded Date _____ Deed Book _____ Page _____

Chief Assessor Signature _____

UNION COUNTY BOARD OF ASSESSMENT
VOLUNTARY TERMINATION OF
PREFERENTIAL ASSESSMENT UNDER
ACT 319 (Clean & Green)

72 Purdon's § 5490.8a. Removal of Land from Preferential Assessment:

A landowner receiving preferential assessment under this act may remove land from preferential assessment if: (1) the landowner notified in writing the county assessor by June 1 of the year immediately preceding the tax year for which the removal is requested; (2) the entire tract or tracts enrolled on a single application for preferential assessment is removed from preferential assessment; and (3) the landowner pays rollback taxes on the entire tract or tracts. Land removed from preferential assessment under this section shall not be eligible to be subsequently reenrolled in preferential assessment by the same landowner.

All Signatures on this application must be notarized. This application may be filed in person or by mail to Union County Assessment Office, Attention: Clean & Green, Union County Courthouse, 103 South Second Street, Lewisburg, Pennsylvania 17837. Recording Fee: \$18.50 (Made payable to "Union County Recorder of Deeds")

1. Current Owner(s): _____

2. Mailing Address: _____

3. Parcel(s) being terminated from preferential assessment under Act 319 is/are located in the County of Union and further identified as followed:

District - Map - Parcel .
District - Map - Parcel .

TOTAL ACREAGE: _____

4. Original Application is dated _____ and recorded in Union County Register and Records Office. Please list the Deed Book _____ and Page _____.

5. Signatures. I am hereby acknowledging that I am voluntarily terminating Preferential Assessment under Act 319 on the above noted parcel(s). (Please sign and date)

Owner Signature (individual) Print Name Here Date

Owner Signature (individual) Print Name Here Date

Owner Signature (individual) Print Name Here Date

Officer Signature (Entity: partnership, corporation, institution, cooperative, or other) Print Name Here Date

N COMMONWEALTH OF PENNSYLVANIA

O COUNTY OF _____

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On this, the ____ day of _____, 20__, before me, a Notary Public, the herein signed, did personally appear

Known to me (or satisfactorily proven to be the person whose name is sworn and subscribed and executed the same for the purposes therein contained.

IN WITNESS WHERE OF, I have hereunto set my hand and notarial seal

Notary Public: _____
My Commission Expires: _____
(SEAL)

Notary: Please attach additional sheets if needed.