

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 O T A R Y	COMMONWEALTH OF PENNSYLVANIA
	COUNTY OF _____
	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.	