LUZERNE COUNTY PROPERTY OWNER CONTACT INFORMATION FORM

Pennsylvania Act 29 of 2026 - 68 Pa.C.S. Chapter 25
County Property Contact Information List

Tax Parcel No.: _____ - _____ - _____ - _____ - _____

Instructions: Complete this form for real property subject to Act 29. Owner-occupant real property - property owned and occupied by an individual as that individual's principal residence and domicile - is exempt. For a covered property purchased after the Act becomes effective, required contact information must be submitted to the chief assessor within 30 days of purchase. Updated information must be provided within 30 days after a change.
A participant in Pennsylvania's Address Confidentiality Program under 23 Pa.C.S. § 6703 is not required to provide an actual address or have the actual address disclosed under Act 29. Proof of enrollment in said program is required.

1. PROPERTY INFORMATION

Property Address: _____

Municipality: _____ ZIP Code: _____

Date of Purchase/Transfer: _____

Deed Book & Page (if known): _____

Reason for Submission:

Reason: [ ] New Purchase [ ] Updated Contact Information [ ] Municipal Code/Ordinance Citation [ ] Other

Ownership Type: [ ] Individual [ ] Business/Corporation/Partnership/Other Entity [ ] Limited Liability Company (LLC) [ ] Trust

2.INDIVIDUAL OWNER - COMPLETE IF APPLICABLE

Owner Name: _____

Residential Address: _____

City/State/ZIP: _____

Telephone: _____Email: _____

3.BUSINESS OWNER - COMPLETE IF APPLICABLE

Business Name: _____

Business Address: _____

City/State/ZIP: _____

Business Telephone: _____ Owner/Employee Email: _____

Name of Owner/Employee Associated with Email: _____

4. LIMITED LIABILITY COMPANY (LLC) - COMPLETE IF APPLICABLE

LLC Name: _____

Company Address: _____

City/State/ZIP: _____

Company Telephone: _____ Member/Manager Email: _____

Member/Manager Name (must have ownership interest or right in LLC): _____

5. AUTHORIZED PROPERTY / CODE CONTACT - REQUIRED FOR BUSINESS OR LLC

Provide an individual, representative or employee who has the authority and ability to repair, maintain or otherwise remedy a problem or municipal code violation for the real property.

Name: _____

Title/Relationship: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ Email: _____

6. TRUST – COMPLETE IF APPLICABLE

Provide an individual, representative or employee who has the authority and ability to repair, maintain or otherwise remedy a problem or municipal code violation for the real property.

TRUST Name: _____

Mailing Address for Trust: _____

City/State/ZIP: _____

Name of Trustee Authorized to make decisions: _____

Telephone: _____ E-Mail Address: _____

7. OWNER / REPRESENTATIVE CERTIFICATION

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that Act 29 requires current contact information and that changes must be reported to the chief assessor within 30 days. I further understand that a county may levy a fine of up to $500 against a real property owner or owner's representative who intentionally or knowingly provides false or incorrect contact information or intentionally or knowingly fails to update required contact information.

Printed Name: _____

Title/Relationship: _____

Signature:_____

Date: _____

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COUNTY USE ONLY

Date Received:		Received By:	
Date Entered/Updated:		Entered By:	
Ownership Type:		Act 29 Reason:	