PROPERTY OWNER CONTACT INFORMATION FORM

In accordance with 68 Pa.C.S. §2501 et. seq.

Act 29 of 2026 – Effective September 18, 2026

Act 29 of 2026 requires the Chief County Assessor to establish and maintain a list of real properties located within Lebanon County.

Within thirty (30) days of purchase of real property located within Lebanon County, the real property owner shall submit information on the following form to the County Assessment Office.

PLEASE NOTE: Owner-occupied real property, defined under the Act as property owned and occupied by an individual as that individual's principal residence and domicile, is exempt from this requirement.

1. Property Information

Address: _____

Municipality: _____

Parcel Number: _____

Date of Purchase/Transfer: _____

Deed/Instrument Number (if known): _____

2. Reason for Submission

New Purchase ( ) Update Contact Information ( )

Municipal Code/Ordinance Citation ( ) Other ( ) _____

3. Owner Type

Individual ( ) Business/Corporation/Partnership/Other Entity ( )

Limited Liability Company (LLC) ( )

4. Individual Owner (Complete if applicable)

   Owner Name: _____

   Residential Address: _____

   City/State/ZIP Code: _____

   Telephone: _____ Email: _____

5. Business Owner (Complete if applicable)

   Business Name: _____

   Business Address: _____

   City/State/ZIP Code: _____

   Business Telephone: _____

   Owner/Employee Email: _____

6. Limited Liability Company (LLC) (Complete if Applicable)

   LLC Name: _____

   LLC Address: _____

   City/State/ZIP Code: _____

   Company Telephone: _____

   Member/Manager Email: _____

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

7. 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: _____

8. 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: _____

   Please submit to the Lebanon County Assessment Office online, by mail, or in-person

   Room 118, Municipal Building
   400 South 8th Street
   Lebanon, PA 17042-6794
   assessment@lebanoncountypa.gov