



Susquehanna County Assessment Office

31 Lake Ave., PO Box 218

Montrose, PA 18801

(570) 278-4600 (Ext 4001)

Fax: (570) 278-1302

Office Hours: Monday-Friday 8:30AM-4:30PM

**VOLUNTARY TERMINATION OF PREFERENTIAL ASSESSMENT
UNDER ACT 319 (Clean & Green)**

72 Purdons § 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.

(OR)

7 Pa. Code §137b.52(d): The landowner may terminate preferential assessment on enrolled land subject to roll-back taxes by submitting written notice under section3(d) of the act(72 P.S.§ 5490.3(d)).

All DEEDED owner Signatures on this termination request must be notarized. This application may be filed in person or by mail to Susquehanna County Assessment Office. P.O. Box 218, 31 Lake Avenue, Montrose, PA 18801

1. Current Owner(s): _____

2. Mailing Address: _____

3. Parcel(s) being terminated from preferential assessment under Act 319 are as follows:

4. 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)

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

A Known to me (or satisfactorily proven to be the person whose name is sworn and
R subscribed and executed the same for the purposes therein contained.
Y IN WITNESS WHERE OF, I have hereunto set my hand and notarial seal

Notary: Please attach additional
Sheets if needed

Notary Public: _____
My Commission Expires:
(SEAL)