

**TIOGA COUNTY BOARD OF REVISION
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.

All Signatures on this application must be notarized. This application may be filed in person or by mail to Tioga County Assessment Office. The office address is: Attention: Clean & Green, Tioga County Courthouse, 118 main Street, Wellsboro, Pennsylvania 16901.

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 Tioga and further identified as followed:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
(Twp/Boro)	(Tax Map #)	(School Dist)	(Acreage)

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

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)

N COMMONWEALTH OF PENNSYLVANIA
 O COUNTY OF TIOGA
 T
 A On this, the ____ day of _____, 20__, before me, a Notary Public, the herein
 R signed, did personally appear _____
 Y _____

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: _____

Notary: Please attach additional
 Sheets if needed

My Commission Expires:
 (SEAL)

Recording Fee: \$20.50 (Made payable to (“Tioga County Treasurer”))

Supplemental Fees: Each page over four.....\$2.00
 Each Additional Name over four (“Tioga County” is considered a name).....50¢