LEHIGH COUNTY

PROPERTY CONTACT INFORMATION SUBMISSION FORM

Act 29 of 2026 - 68 Pa.C.S. Chapter 25

IMPORTANT: This form is only for properties subject to 68 Pa.C.S. Chapter 25. **Owner-occupant real property is exempt under §2504.** Submit within **30 days of purchase** or within **30 days of a change** in required contact information, as applicable. To complete online, see page two for QR code or visit www.lehighcounty.org.

1. PROPERTY INFORMATION

Property Address:

Municipality: **Zip:**

Parcel ID: **Date Purchased:**

Reason for Submission:
☐ New Purchase ☐ Change of Information ☐ Municipal Code Matter ☐ Other

2. PROPERTY OWNER

Owner Type — Check One:
☐ Individual ☐ Business / Association ☐ Limited Liability Company (LLC)

Legal Owner/Company Name:

Address:

City: **State:** **Zip:**

Telephone: **Email:**

If Individual: Is this property your principal residence and domicile?
☐ YES — Owner-Occupant Exemption ☐ NO

3. REQUIRED CONTACT PERSON

Complete if owner is a Business or LLC

Name:

Title / Position:

Address:

City: **State:** **Zip:**

Telephone: **Email:**

For Business/LLC: This person has authority and ability to repair, maintain, or otherwise remedy a problem or municipal code violation concerning the property.

4. CHANGE OF INFORMATION

Complete only when updating previously submitted information

☐ Name ☐ Address ☐ Telephone ☐ Email ☐ Responsible Contact ☐ Other

Effective Date of Change: _____

5. OWNER CERTIFICATION

I certify that the information provided is true, complete, and accurate to the best of my knowledge. I understand that required changes must be reported within 30 days and that intentional or knowing submission of false or incorrect information, or failure to update required information, may subject the owner or owner's representative to a county fine of up to **$500 pursuant to 68 Pa.C.S. §2507**.

Owner / Authorized Representative (Print): _____

Signature & Date: _____

Telephone: _____ **Email:** _____

6. ADDRESS CONFIDENTIALITY PROGRAM

Are you a participant in the Pennsylvania Address Confidentiality Program under 23 Pa.C.S. §6703?

☐ YES ☐ NO **If YES, do not provide your actual protected address on this form.**

Return Completed Form to:

Lehigh County Government Center

Office of Assessment

17 S 7th St. Room 517

Allentown PA 18101-2401

Or

Email to: LCAData@lehighcounty.org

Complete Submission Online

FOR COUNTY USE ONLY

Date Received: _____ **Received By:** _____

Owner-Occupant Exemption: ☐ Yes ☐ No

Information Verified: ☐ Yes ☐ No

Added to Contact List: ☐ Yes ☐ No

Notes: _____