



Franklin County Assessment Office
272 North Second Street
Chambersburg, PA 17201
(717) 261-3801

ACT 29 Contact Information Form/Contact Information Change

County: FRANKLIN COUNTY, PA Assessment/Parcel No.: _____

Instructions: Complete this form for any non-owner-occupied property subject to Act 29.

Owner-occupied properties are exempt under Act 29. However, Franklin County now uses this form to update and maintain owner contact information, and any changes must be reported accordingly. For owner-occupied properties updating contact information you only need to complete sections 1, 2 and 6. For any covered property purchased after the effective date of the Act, the required contact information must be submitted to the Chief Assessor within 30 days of the purchase or within 30 days of any change in contact information. This form was prepared as an administrative form based on Pennsylvania Act 29 of 2026, 68 Pa.C.S. Ch. 25.

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.

1. PROPERTY INFORMATION

Property Address: _____

Municipality: _____ ZIP Code: _____

Date of Purchase/Transfer: _____

Deed/Instrument No. (if known): _____

Reason for Submission: ☐ New Purchase ☐ Updated Contact Information (owner occupied only)

☐ Municipal Code/Ordinance Citation ☐ Other Owner Type: ☐ Individual ☐

Business/Corporation/Partnership/Other Entity ☐ Limited Liability Company (LLC)

2. INDIVIDUAL OWNER - COMPLETE IF APPLICABLE

Owner Name: _____

Residential Address: _____

City/State/ZIP: _____

Telephone: _____ Email: _____



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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: _____



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6. 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: _____

COUNTY USE ONLY

Date Received:		Received By:	
Date Entered/Updated:		Entered By:	
Act 29 Status:	☐ Covered ☐ Exempt	Submission:	☐ New ☐ Update ☐ Municipal