

COUNTY OF



ALLEGHENY

ACT 50 REMOVAL FORM

Date : _____

Parcel / Block-Lot #: _____

Property Owner: _____
(Last) (First) (MI)

Property Location: _____
(Street)

(City) (State) (Zip Code)

I, the above-mentioned owner of record for the above-listed property, am requesting that the Homestead Act 50 be removed from my property for the following reason:

Tax Year to remove Homestead Act 50 from: _____

Signature _____ Date _____

PROPERTY ASSESSMENTS USE ONLY:	
Received:	
Data Entry:	
QA/QC:	
PLACE INITIALS & DATE IN ALL LOCATIONS	

Return Original Form to: Office of Property Assessments 542 Forbes Avenue, Room 347 Pittsburgh, PA 15219 Attention: Legislative Acts

Rev. 3/2022