COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
GOVERNOR'S CENTER FOR LOCAL GOVERNMENT SERVICES

DELINQUENT REAL ESTATE TAX NOTICE DESIGNATION

Authorized by Section 619.2 of the Real Estate Tax Sale Law, Act of July 7, 1947 (P.L. 1368, No. 542), as amended by Act 27 of 2026 (P.L. 391).

Purpose: This Form allows an owner of property subject to the Real Estate Tax Sale Law to designate a qualifying individual to receive delinquent real estate tax notifications and notices in addition to the owner.

Who may use this Form? An owner may use this Form if the owner is unable or has limited ability to receive or manage a delinquent real estate tax notice, or if the owner otherwise chooses to designate an individual. No age, disability, incapacity, or medical documentation requirement applies.

Who may be designated? The designated individual must be either:

(1) the owner's next of kin, or

(2) the owner's agent, guardian, trustee or other representative under authority granted in accordance with 20 Pa.C.S. (relating to decedents, estates and fiduciaries).

Where must the Form be sent? Send a completed Form to:

(1) the Tax Claim Bureau in the county where the property is located, and

(2) the applicable taxing district(s) for the property. Do not send the completed form to the Pennsylvania Department of Community and Economic Development ("DCED"). A recipient's duty to provide notices to the designated individual begins upon receipt of a completed Form.

IMPORTANT: This Form does not create a power of attorney, guardianship, trusteeship, agency relationship, ownership interest, or any other authority. It only designates an additional recipient for notices as provided by Section 619.2.

CONFIDENTIALITY: A Tax Claim Bureau or taxing district that receives a completed designation form or written recission must keep it confidential. Under Section 619.2(h), those documents are not accessible for inspection or duplication under the act of February 14, 2008 (P.L.6, No.3), known as the "Right-to-Know Law."

SECTION I: OWNER INFORMATION

1. OWNER NAME*:	2. DATE OF BIRTH*:
3. TELEPHONE NUMBER*:	4. EMAIL ADDRESS*:
5. OTHER CONTACT INFORMATION:	
6. MAIL ADDRESS:	

SECTION II: PROPERTY INFORMATION

1. PROPERTY ADDRESS*:		
2. CITY/MUNICIPALITY:	3. STATE:	4. ZIP CODE:
5. COUNTY*:	6. PARCEL/TAX MAP ID (IF KNOWN)*:	7. SCHOOL DISTRICT (IF KNOWN)*:

If you own multiple properties, a separate Form should be completed and submitted for each property.

SECTION III: DESIGNATED INDIVIDUAL INFORMATION

1. DESIGNATED INDIVIDUAL NAME*:		
2. MAILING ADDRESS*:		
3. CITY/MUNICIPALITY:	4. STATE:	5. ZIP CODE:
6. TELEPHONE NUMBER*:	7. EMAIL ADDRESS*:	
8. OTHER CONTACT INFORMATION:		

** Required by Section 619.2 or determined by DCED to be necessary for accurate identification, routing, or administration of the designation.*

SECTION III: DESIGNATED INDIVIDUAL INFORMATION *(cont'd)*

9. REQUIRED VERIFICATION OF RELATIONSHIP OR LEGAL AUTHORITY – CHECK ONE:

- ☐ The designated individual is a next of kin of the owner. Relationship to owner: _____
- ☐ The designated individual is the owner's agent under authority granted in accordance with 20 Pa.C.S. (relating to decedents, estates and fiduciaries).
- ☐ The designated individual is the owner's guardian appointed under 20 Pa.C.S. (relating to decedents, estates and fiduciaries).
- ☐ The designated individual is the owner's trustee under authority granted in accordance with 20 Pa.C.S. (relating to decedents, estates and fiduciaries).
- ☐ The designated individual is another responsible authority granted in accordance with 20 Pa.C.S. (relating to decedents, estates and fiduciaries).

10. IF YOU SELECTED AN AGENT, GUARDIAN, TRUSTEE, OR OTHER REPRESENTATIVE, IDENTIFY THE SOURCE OF AUTHORITY (FOR EXAMPLE: POWER OF ATTORNEY, COURT ORDER, OR TRUST INSTRUMENT):	11. DATE OF INSTRUMENT/ORDER (IF APPLICABLE):

SECTION IV: OWNER DESIGNATION AND CERTIFICATION

By signing the below, I designate the individual in Section 3 as my "designated individual" under Section 619.2 of the Real Estate Tax Sale Law for the property identified in Section 2. I request that, upon receipt of this completed Form, the Tax Claim Bureau and the applicable taxing district(s) provide delinquent real estate tax notifications to both me and my designated individual, and provide to my designated individual notices that the Real Estate Tax Sale Law requires to be provided to me as an owner.

I verify that the designated individual qualifies as indicated above. I understand that this designation does not transfer ownership of the property, authorize the designated individual to act for me beyond the authority the individual independently possesses under law, or affect the authority granted under 20 Pa.C.S. (relating to decedents, estates and fiduciaries). I also understand that I may rescind this designation by providing written notice of recission to the Tax Claim Bureau in the county where the property is located and to the applicable taxing district(s).

I certify that the information provided on this Form is true, complete, and correct to the best of my knowledge.

1. OWNER SIGNATURE:	2. PRINTED NAME:	3. OWNER TELEPHONE:	4. DATE:
5. IF SIGNED BY AN AUTHORIZED REPRESENTATIVE FOR THE OWNER, PRINTED NAME AND LEGAL CAPACITY:			6. DATE:

Note: No notarization is required by Section 619.2. Do not attach medical records or any power of attorney, court order, trust instrument, or related documents.

SECTION V: SUBMISSION AND RECORD KEEPING

Send the completed Form to the county Tax Claim Bureau and the applicable taxing district(s), and keep a copy for your records. DCED recommends retaining proof of delivery or receipt.

1. NAME OF COUNTY TAX CLAIM BUREAU:			2. DATE:
3. ADDRESS OF COUNTY TAX CLAIM BUREAU:	4. CITY:	5. STATE:	6. ZIP CODE:
7. NAME OF APPLICABLE TAXING DISTRICT:			8. DATE:
9. ADDRESS OF APPLICABLE TAXING DISTRICT:	10. CITY:	11. STATE:	12. ZIP CODE:
13. NAME OF ADDITIONAL APPLICABLE TAXING DISTRICT (IF ANY):			14. DATE:
15. ADDRESS OF ADDITIONAL APPLICABLE TAXING DISTRICT:	16. CITY:	17. STATE:	18. ZIP CODE:

SECTION VI: FOR RECEIVING AGENCY USE ONLY – RECEIPT RECORD

This Section is for administrative recordkeeping purposes only. Completion or noncompletion of this section does not determine the validity or effectiveness of a designation or alter any requirement or obligation under Section 619.2 of the Real Estate Tax Sale Law.

1. RECEIVING ENTITY:	2. RECEIVING ENTITY TYPE: ☐ County Tax Claim Bureau ☐ Applicable Taxing District	
3. DATE RECEIVED:	4. RECEIVED BY:	5. AGENCY REFERENCE/ACCOUNT NO. (IF APPLICABLE):