



**Lancaster County Real Estate Tax Credit Program Application for
Active Volunteer Members of Volunteer Fire Companies and
Volunteer Emergency Medical Services Personnel**

Tax Year 2025

Identifying Information

Last Name:		First Name:		Middle Initial:	
Applicant Address					
	Street Name Address 1				
	Street Name Address 2				
	City:				
	Zip Code:				
	Main Contact Phone Number:				
	Email:				

Real Estate Information

Parcel Number*:	
With respect to the applicant's address noted above, please answer the following questions:	
Are you the deeded owner of the property at that address, either alone or jointly with another or others?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you occupy or live at the property at this address?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you responsible for paying the Lancaster County Real Estate Tax assessed against the property at this address?	<input type="checkbox"/> YES <input type="checkbox"/> NO

1. Click on this link: [Lancaster County Property Tax Inquiry \(devnetwedge.com\)](http://devnetwedge.com)
2. Add your name in the "owner name" field. Click "enter" on your key pad.
3. Once your account comes up, scroll down to "billing" and you will see the info about your taxes

Eligible Volunteer Service Information

Eligible Agency Name:	
I have been a volunteer for at least one year at an eligible agency:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Total Qualifying Service Hours Accrued:	
Total Service Calls:	

Certifications

Please ensure that the following documents are included when submitting this application to your respective fire department or emergency medical service:

INITIAL EACH ITEM BELOW:	Document Checklist
	Copy of the Real Estate Tax bill for the year as defined by Ordinance No 160 of 2023. <small>NOTE: Applicants may contact their municipality for further information regarding tax bills or receipts.</small>
	Copy of a receipt that the tax paid was for qualified real property as defined by Ordinance No. 160 of 2023.
	Proof of volunteer service eligibility (i.e. letter of service or identification card).

I hereby certify that the information contained herein is correct and accurate to the best of my knowledge. Any person knowingly providing false information is subject to penalties under 35 Pa.C.S.A. §79A31(1) and (2).

Applicant Printed Name	Applicant Signature	Date
Agency Chief Printed Name	Agency Chief Signature	Date
Agency Officer Printed Name	Agency Officer Signature	Date

Email completed application and form attachments to LancasterEMSCredit@lancastercountypa.gov

Or

Mail completed application and form attachments to:

EMS Tax Credit
 Lancaster County Commissioners Office
 150 North Queen Street, Suite 715
 Lancaster, PA 17603

Commissioners Office USE ONLY

Application Approved

Application Rejected

Assigned Vendor Number:	
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