FICTITIOUS NAME FORM

Enter your information into the form below; the text within the box will publish exactly as shown/provided.

FICTITIOUS NAME NOTICE

_____

_____
Name(s) and Home Address(es)

☐ intends to file
☐ did file in the Office of the Secretary of the Commonwealth

of Pennsylvania, on or about _____, registration of the name
Date

_____

under which _____ intend(s) to do business at _____
He, She, They Business Address

_____

pursuant to the provisions of the Act of Assembly of December 16, 1982, Chapter 3, known as the "Fictitious Name Act".

Date(s) requested to publish. (optional)

_____

This will publish in LNP unless the Ephrata Review or the Lititz Record Express is requested in the line above.

Billing Information*

_____ _____
Name Phone

_____
Home Address

_____
Email Address

*Prepayment is required for private parties and new business accounts.

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