

MARSHALL COUNTY TREASURER  
1 E MAIN ST, MARSHALLTOWN, IA  
PHONE: (641)-754-6366

Public Nuisance Bidder Registration  
June 18, 2012

The undersigned hereby registers as a bidder at the Public Nuisance Tax Sale of June 18, 2012 and acknowledges receipt of a copy of the "Terms and Conditions Governing the Annual Tax Sale of June 18, 2012 and a copy of the Code of Iowa, Chapter 446.19B. Further, the undersigned acknowledges and agrees that by participating at the Tax Sale that he/she will comply with and be bound by all Tax Sale terms and conditions. The undersigned has signed an agreement with the City of \_\_\_\_\_ and is an authorized bidder. By signing this registration form, I agree that all of the information I have provided on this form is true and correct.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

- I am registering as an individual. SSN: \_\_\_\_\_
- I am registering as an entity that qualifies under the Secretary of State.  
FEIN \_\_\_\_\_  
*(Certificate of Existence' or Certificate of Authorization/designation of agent for service of process from the Iowa Secretary of State attached)*
- I am registering as a business. FEIN \_\_\_\_\_  
*(A copy of the Verified Statement of Trade Name of Business filed with Marshall County Recorder attached)*

State of Residence \_\_\_\_\_

County of Residence \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature: \_\_\_\_\_

A signed W-9 form, and if applies a Certificate of Existence from the Iowa Secretary of State or a copy of Statement of Trade Name of Business filed with Marshall County Recorder, and a \$25 registration fee must accompany this form.

Note: All tax sale certificates of purchase and tax sale deeds will be issued in the name(s) as shown above.

# AUTHORIZATION TO REPRESENT BIDDER

I/We, (please print) \_\_\_\_\_  
(Bidder's Name, as it appears on the Registration form)

authorize (please print) \_\_\_\_\_

to act as my/our agent/personal representative at the June 18, 2012, public nuisance tax sale.

\_\_\_\_\_  
(Print) Name of Buyer/Company Office Holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
Signature of Notary

\*An employee of the Marshall County Treasurer's Office will not notarize this form.