

MARSHALL COUNTY TAX SALE REGISTRATION

JUNE 18, 2012, ANNUAL TAX SALE

AND SUBSEQUENT ADJOURNMENTS OR ASSIGNMENTS THEREOF

**ALL PARTICIPANTS OF THE TAX SALE MUST PREREGISTER BY JUNE 13, 2012 PRIOR TO THE DATE OF TAX SALE.**

The undersigned do hereby register as bidders at the annual tax sale of June 18, 2012, and subsequent adjournments or assignments thereof, and do hereby acknowledge receipts of a copy of the NOTICE TO TAX SALE PURCHASERS OF THE TERMS AND CONDITIONS GOVERNING THE ANNUAL TAX SALE OF JUNE 18, 2012, AND ADJOURNMENTS OR ASSIGNMENTS THEREOF, and do further hereby acknowledge and agree that by placing a bid at the annual tax sale, subsequent adjournments, or by obtaining a tax sale assignment that the undersigned will comply with and be bound by the aforementioned terms and conditions.

**EACH BIDDER MUST PAY THE NON-REFUNDABLE REGISTRATION FEE OF \$25.00**

DATE \_\_\_\_\_

\*\*NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TAX ID # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

AGENT (No more than 10 bidders) \_\_\_\_\_  
(Complete AUTHORIZATION TO REPRESENT BIDDER FORM below for each agent)

COUNTY OF RESIDENCE \_\_\_\_\_

STATE OF RESIDENCE \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Tax sale certificates to be:     [    ] Mailed     [    ] Picked up

**\$25.00 NON-REFUNDABLE CHARGE PER BIDDER.**

**More questions, e-mail us; [clockhart@co.marshall.ia.us](mailto:clockhart@co.marshall.ia.us) or [dakins@co.marshall.ia.us](mailto:dakins@co.marshall.ia.us)**

**\*\*NOTE: All tax sale certificates of purchase, whether through tax sale or by assignment, and tax sale deeds will be issued in the name or names as shown above. WHICH MUST BE THE SAME AS ON W-9 FORM. THIS MUST BE THE SAME NAME AS THE OFFICIAL UNABBREVIATED I.R.S. NAME.**

# AUTHORIZATION TO REPRESENT BIDDER

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

Authorize (please print) \_\_\_\_\_

To act as my/our personal representative at the June 18th, 2012 tax sale and

Adjourned sales, thereof.

BY \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

DATE: \_\_\_\_\_