

TO BE COMPLETED PRIOR TO TAX SALE DAY:  
**INVESTOR INFORMATION**

COMPANY  
NAME \_\_\_\_\_  
(as it is to appear on tax sale certificate)

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

COMPANY CONTACT PERSON \_\_\_\_\_  
COMPANY PHONE NO. \_\_\_\_\_

COMPANY TAX ID # \_\_\_\_\_  
OR SOCIAL SECURITY # \_\_\_\_\_

CORPORATION:	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	UNKNOWN

REMARKS \_\_\_\_\_

XX

ACTING AGENT AT THE SALE INFORMATION :  
(IF UNKNOWN, CAN BE COMPLETED AT TAX SALE LOCATION)

AGENT NAME \_\_\_\_\_

AGENT PHONE NUMBER \_\_\_\_\_

(WHERE YOU CAN BE REACHED TODAY OR TOMORROW; PLEASE PROVIDE CELL #)  
(cell # is kept private in our office)

TO BE COMPLETED AT TAX SALE LOCATION:

DATE \_\_\_\_\_

SEQUENCE # DRAWN \_\_\_\_\_

COLOR OF MARKER \_\_\_\_\_