Tax Sale Checklist

_____
Name of Company

- ☐ Registration Form
- ☐ Registration Fee ($10 per Cert., cap at $250)
- ☐ Acknowledgement of Participation Form (to be completed by bidder)
- ☐ Purchase Intent List (including the following)
  - ☐ Tax Bill Number
  - ☐ Taxpayer Name
  - ☐ Amount Due
  - ☐ Total Amount of All Certificates
  - ☐ Total Amount of Recording Fees
- ☐ Purchaser Form
- ☐ Check for 25% of All Certificates
- ☐ Recording Fees ($37 per certificate)

62A374 (4-10)
Commonwealth of Kentucky
Department of Revenue

Bullitt _____ **COUNTY CLERK**

CERTIFICATE OF DELINQUENCY
SALE REGISTRATION

1. Name:

2. Street Address:

3. Mailing Address (If different from street address):

4. Telephone Number:

5. Include a copy of your state Certificate of Registration form (if applicable):

6. If you have purchased a certificate of delinquency in a prior year and you intend to purchase the current year's certificate of delinquency on the same property, please submit a list labeled "Priority Certificates of Delinquency" at least 15 days before the tax sale. This list needs to include the following information:

   1. Current year's tax bill number;
   2. Taxpayer name;
   3. Amount due on current certificate of delinquency;
   4. Tax bill number and tax year of the prior year certificate of delinquency you already hold;
   5. Book and page number where the prior year certificate of delinquency you already hold is recorded;
   6. County account/parcel number (if applicable); and
   7. A copy of the prior year certificate of delinquency.

7. Please submit a separate list of the current year certificates of delinquency – for which no prior year claim exists – you would like to purchase at the tax sale. This list must be submitted at least 10 days prior to the tax sale. For each certificate of delinquency the following information needs to be provided:

   1. Tax bill number;
   2. Taxpayer name;
   3. Amount due on the certificate of delinquency;
   4. County account/parcel number (if applicable); and
   5. The total due for all certificates of delinquency.

8. Deposit. Calculate your required deposit:

   Total amount due on all priority certificates listed in Item 6 $_____

   plus

   25 % of amount due on all current certificates listed in Item 7 $_____

   Total Deposit $_____

Your deposit must be received no later than five days prior to the tax sale date.
Acceptable forms of payment include:

Certified Check

9. Registration fee: Total number of certificates listed in Item 6 times $5.00 plus the number of certificates listed in Item 7 times $10.00. The maximum registration fee is $250.00. Please include a separate payment for this amount with your registration.

10. Please read and confirm the following sworn statement. Be advised that filing a false sworn statement with the intent to mislead a County Clerk is a violation of KRS 523.030 and is a Class A Misdemeanor.

I hereby certify that I am not participating in this sale in conjunction with any related person or related entity to obtain any advantage over other potential purchasers at the sale.

_____
Authorized Signature for Third Party Purchaser

Commonwealth of Kentucky
County of _____

Subscribed, sworn to and acknowledged before me this _____ day of _____, 20__ by _____.

_____
Notary Public, State at Large

My Commission Expires:_____

ACKNOWLEDGEMENT OF PARTICIPATION IN LOTTERY
FOR THE SELECTION AND PAYMENT OF
CERTIFICATES OF DELINQUENCY

I, _____, on behalf of
NAME

_____,
NAME OF THIRD PARTY PURCHASER REPRESENTED BY BUYER

have participated in a lottery held at the Office of the Bullitt County Clerk among third parties who submitted simultaneous valid offers to purchase certificates of delinquency available for assignment. The certificates of delinquency listed on the accompanying sheet(s) represent a complete and accurate listing of the certificates selected and purchased by _____
NAME OF THIRD PARTY PURCHASER REPRESENTED BY BUYER

as a result of this process. By signing this acknowledgement, I represent that I was allowed to fully, fairly, and equally participate until the end of the process for the selection and purchase of available certificates of delinquency, or until such time as I opted out of the selection and purchase process.

_____ _____
PRINTED NAME *SIGNATURE*

_____
NAME OF COMPANY PURCHASING CERTIFICATES OF DELINQUENCY

_____
DATE

PURCHASER FORM

Third Party Purchaser Information (not bidder)

Name: _____

Physical Address: _____

_____

_____

Mailing Address: _____

_____

_____

Telephone #: _____

Third Party Representative Information (bidder)

Name: _____

Telephone #: _____

Signature: _____

Date: _____