



TAX CLAIM BUREAU
 COUNTY OF DELAWARE
 GOVERNMENT CENTER BUILDING
 201 WEST FRONT STREET
 MEDIA, PENNSYLVANIA 19063

KAREN DUFFY
 Manager

Phone: (610) 891-4293
 Fax: (610) 891-4115

REPOSITORY APPLICATION/BID FORM

INSTRUCTIONS: Complete this Bidder Application/Bid Form and the Bidder Affidavit/Conditions of Sale. The Affidavit **MUST BE NOTARIZED.**

Bidder Name/Address: _____

Phone#: _____ **Cell#:** _____ **Fax#:** _____

.....

Deed recorded name:
 Bidder listed above or _____

Phone #: _____ **Cell #** _____

Supporting documents provided: YES _____ NO _____
**(If no is checked, deed will be recorded in name of bidder)*

Entity (include address/phone #) you represent or on whose behalf you are bidding. (Proof of your authority and existence of entity is required.

If LLC, list all members, managers and persons with ownership interest: (attach additional pages, if necessary)
If Corporation, Trust or Partnership, list all officers, trustees or partners:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

Are you delinquent on real estate taxes in Delaware County or any other County in Pennsylvania?

Yes _____ No _____



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Do you own real estate in any other name? If so, please list.

List each property by address and folio number owned by you in the County of Delaware: (Attach additional pages if necessary)

Property Address

Folio No.

FOLIO NUMBER YOU ARE BIDDING ON: _____

ADDRESS YOU ARE BIDDING ON: _____

REASON FOR PURCHASE: _____

I have read and agree to the Affidavit/Conditions of Sale for bidders provided to me. I also agree with the deed recorded name stated on this application.

Signature: _____ **Date:** _____

(Office use only)

Search was completed on Real Estate Database. The following was found:

_____ **No back taxes owed on above information.**

_____ **Back taxes are owed on the following properties. This bidder is not permitted to bid unless he/she satisfies taxes owed.**

By _____
(Initials)