TAX SALE BUYER NAME AND ADDRESS DETAIL

AUCTION NO. _____

LAST NAME OR
COMPANY NAME /__/

FIRST NAME /__/

C/O /__/

ADDRESS /__/

/__/

CITY & STATE /__/

ZIP CODE /__/__/__/__/__/__/__/

TELEPHONE # /__/__/__/ - /__/__/__/ - /__/__/__/__/

SOC. SEC. NO. /__/__/__/ - /__/__/ - /__/__/__/__

BUS. ID NO. /__/__/ - /__/__/__/__/__/__/__/

REPRESENTATIVES

/____/____/___/___/_____/_____/_____/_____/

/_____/_____/_____/_____/_____/_____/_____/_____/

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