ROCKCASTLE 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.	 Please attach a list of each priority certificate of delinquency you intend to purchase at the sale. For each certificate, please provide the following information: a. Current year's tax bill number b. Taxpayer name c. Amount due on current certificate of delinquency d. Tax bill number and tax year of the prior year certificate of delinquency you already hold e. Book and Page number where the prior year's certificate of delinquency you already hold is recorded f. County parcel number (if applicable) g. A copy of the prior year certificate of delinquency 	
7.	Please attach a list of each current certificate of delinquency you intend to purchase at the sale. For each certificate, please provide the following information:a. Tax bill numberb. Taxpayer Name	

- c. Amount due on the certificate of delinquency
- d. The total due for all certificates of delinquency

8. Deposit – Calculate your required deposit:

\$5.00 per priority certificate of delinquency (previous year owned by your company)

\$_____

\$

\$10.00 per current year certificate of delinquency you wish to buy

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TOTAL DEPOSIT:	\$

- Acceptable forms of payment include: Certified funds ONLY
- Maximum registration fee is \$250.00. Please include a separate payment with your registration for your total amount of deposit.
- 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 of Third Party Purchaser

Commonwealth of Kentucky County of Rockcastle

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

Notary Public, State at LargeNotarMy Commission Expires ______

Notary ID #