

CASS COUNTY TAX SALE REGISTRATION FORM # _____

Name on Certificate _____

Address on Certificate _____

City _____ State _____ Zip _____

Mailing address if different:

Address _____

City _____ State _____ Zip _____

Phone 1 _____ Extention _____

Phone 2 _____ Extention _____

Fax _____

E-Mail _____

Tax ID # or SSAN _____

Primary Contact _____

Secondary Contact (if needed) _____

Attending Representative _____