



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

**KIMBERLEY KENNEY**  
 Manager

Phone: (610) 891-4282  
 Fax: (610) 891-4115

**Bidder #** \_\_\_\_\_

**BIDDER APPLICATION**

Office Use

**INSTRUCTIONS: You must complete the Bidder Application and Bidder Affidavit PRIOR TO registration. THE AFFIDAVIT MUST BE NOTARIZED. To receive your bidder number, you must bring the completed and notarized documents to registration on the dates published on the website.**

**Bidder Name/Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

.....  
**Deed recorded name:**

Bidder listed above                      *or*                       \_\_\_\_\_  
 \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Supporting documents provided as required by the conditions of sale: 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 to be presented at registration and closing to the satisfaction of the Tax Claim Bureau.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 \_\_\_\_\_

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



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

Property Address

Folio No.

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I have read and agree to the Conditions of Sale for bidders provided to me upon registration. I also agree with the *deed recorded name* stated on this application. I understand that a bidder list will be submitted to each municipality within Delaware County and all Tax Claim Bureaus in the Commonwealth of Pennsylvania, after registration, including the names of all owners, officers, partners and trustees for entities. If I (or the entity I represent, including owners, officers, partners and trustees) am not in good standing, I will not be permitted to bid at the sale.

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)

**Application fee \$25.00. Payment must be certified check, money order, cash, Visa, MasterCard, Discover. Credit card payments subject to 3% convenience fee. Registration fee due at time of registration.**

(Office use only)

**Registration fee paid \_\_\_\_\_**  
 (initials)