

CASS COUNTY TAX SALE REGISTRATION # _____

Name on Certificate _____

Address on Certificate _____

City _____ State _____ Zip _____

Mailing address if different:

Address _____

City _____ State _____ Zip _____

Phone 1 _____ Extention _____

Phone 2 _____ Extention _____

E-Mail _____

Tax ID # or SSAN _____

Primary Contact _____

Secondary Contact (if needed) _____

Attending Representative _____

For office use only:

Paid Fee: _____

Have Sale Check: _____

Bank Code: _____