



Registered Office:

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

SS# or FEIN#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (**\$100 for Tax Sale List**)

Signature: \_\_\_\_\_

\*\*\*\*\*Collector's Office Use Only\*\*\*\*\*

Tax Sale registration and **\$250 registration deposit** received this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
Twyla Bailey, Crawford County Treasurer/Collector