

PLATTE CO TREASURER
2024 TAX SALE REGISTRATION FORM
Print, fill out, return by mail or fax by **March 1, 2024**

Name-(As on W-9) _____

Address- _____

City- _____

State- _____

Zip Code- _____

MAILING ADDRESS FOR REDEMPTIONS AND CERTIFICATES

Name- _____

Company- _____

Address- _____

City- _____

State- _____

Zip Code- _____

Contact Person- _____

Phone Number- _____

Fax Number- _____

NAME ON CHECKS AND CERTIFICATES

Name to be printed on certificates- _____

Name to be printed on checks- _____

OFFICE USE ONLY

Buyers Number _____