

OFFICE OF
York County Treasurer
510 LINCOLN AVE

BRENDA SCAVO, Treasurer

TAX SALE REGISTRATION

Please Print

Date: _____

Corporation: yes no

Information for Certificate:

Name on the Certificate: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E Mail: _____

Please provide an email address so we can notify you of the amount the check was written for – we will not make phone calls. This is the e-mail for the primary Contact also.

Federal ID # or SS #: _____

Primary Contact: _____

Primary Contact phone: _____

Mail Certificate and Redemptions to the above address: Yes NO

IF No – Where _____

Attending Representative: _____