

OFFICE OF  
**York County Treasurer**  
510 LINCOLN AVE

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BRENDA SCAVO, Treasurer

GAYLA KNIGHT, Deputy

**TAX SALE REGISTRATION**

**Please Print**

Date: \_\_\_\_\_ \*Corporation:      yes    no

\*Primary Email Address: \_\_\_\_\_

\*Name on Certificate: \_\_\_\_\_

\*Address on Certificate: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

\*Phone 1: \_\_\_\_\_ Extension: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Extension: \_\_\_\_\_

Fax: \_\_\_\_\_

\*Tax ID or SSAN: \_\_\_\_\_

\*Primary Contact: \_\_\_\_\_

Attending Representative: \_\_\_\_\_

**\* = Required Field**

Registration Checklist:

- Registration Form
- W-9 (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Registration Fee
- Blank Check