

TAX SALE REGISTRATION FORM

FOR OFFICE USE ONLY)

TAX SALE BUYER# _____

PADDLE# _____

NAME/CORPORATION _____ ID TYPE : (circle one) FEIN SOC SEC

CONTACT NAME _____ ID NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX # _____

E-MAIL ADDRESS _____

MAKE ALL CHECKS PAYABLE TO NASSAU COUNTY TREASURER