Joe Aiello, Sangamon County Treasurer
Sangamon County Complex – Room 102, 200 S. 9th Street
Springfield, IL 62701
Telephone (217) 753-6800 Fax (217) 753-6837
Substitute W-9

Tax Sale Registration Form
Tax Sale Date: 11-13-20

Name of Bidder: _____ SSN/FEIN: _____

Bidding Company:_____ E-Mail:_____

Address: _____

City: _____ State:_____ ZIP:_____

Telephone: _____ Fax:_____

If the potential bidder is not an individual, please identify the type of business.

_____Corporation
Place of Incorporation: _____

Name of Registered Agent:_____

Address of Registered Agent: _____

_____

_____Partnership:
Number of Partners: _____
Names and address of all partners and percentage of interest (attach separate sheet if necessary):

_____

_____ Other:
Type of business structure:_____
Names and address of all persons with any ownership in the business (attach separate sheet if necessary):

_____

_____

_____

_____**I want a tax buyer list of delinquent parcels for Real Estate Taxes for the price of $200 e-mailed to me at the e-mail address above . Please include a separate check for $200 payable to the Treasurer's office.**

I understand that a completed registration form and a **check for $200** payable to the Sangamon County Treasurer must be received by the Sangamon County Treasurer's office by **5:00 pm on November 2, 2020**. The $200 check will be returned to you if you attend the tax sale and bid. I understand that I will not be eligible to bid at the public sale if this form and the check are not received by the aforementioned date and that delays caused by the postal service or other delivery method will not excuse me from that requirement. Furthermore, I agree to the following:

1. I will pay all balances due at the end of the sale will be paid using a signed blank check.
2. I will not bid on any taxes on a parcel that I or anyone I represent have any interest.
3. I will follow the Illinois Complied Statutes in completing the transactions related to the Tax Sale.
4. I will not collude, bid rig, or conspire with other tax buyers or County employees.
5. I understand that only one bidder at any one time may bid per registration.
6. Tax certificates will be titled using the above listed registration information.

Under penalties of perjury as set in section 1-109 of the Code of Civil Procedure, I hereby certify that the above information is true and correct

_____ _____
Date Signature