



OFFICE OF TAX CLAIM BUREAU

DAUPHIN COUNTY ADMINISTRATION BUILDING  
2 SOUTH SECOND STREET, FIRST FLOOR  
P.O. BOX 1295  
HARRISBURG, PA. 17108-1295  
(717) 780-6125  
(717) 780-6484 FAX

**BOARD OF COMMISSIONERS**  
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RYAN T. GONDER, ESQUIRE

**SUPPLEMENTAL CERTIFICATION OF IDENTITY OF PROSPECTIVE TAX SALE PURCHASERS/BIDDERS**

**(ENTITY: \_\_\_\_\_).**

I, the undersigned, on behalf of \_\_\_\_\_, hereby certify that set forth below are the individuals, partners, limited or general partners, shareholders, trustees, beneficiaries, members, and any and all individuals with an ownership interest or right in \_\_\_\_\_:

| <u>Individual</u> | <u>Address and Phone Number</u> |
|-------------------|---------------------------------|
| 1. _____          | _____<br>_____<br>_____         |
| 2. _____          | _____<br>_____<br>_____         |
| 3. _____          | _____<br>_____<br>_____         |
| 4. _____          | _____<br>_____<br>_____         |

If any of the individuals listed above owe real estate taxes to the taxing districts where the property for which I may be or was the successful bidder is located or have any utility bills that are more than one (1) year outstanding, such individual shall be required to file a CERTIFICATION in accordance with P.C.S.A. 72 § 5860.619(a).

\_\_\_\_\_  
Signature for Certification

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

I am signing this certification with awareness of the penalties of P.C.S.A. 18 § 4904, relating to unsworn falsification to authorities.

**THIS MUST BE COMPLETED AND SUBMITTED  
TO THE TAX CLAIM BUREAU BY ANY SUCCESSFUL BIDDER**