



DAUPHIN COUNTY

OFFICE OF TAX CLAIM BUREAU

DAUPHIN COUNTY ADMINISTRATION BUILDING
 2 SOUTH SECOND STREET, FIRST FLOOR
 P.O. BOX 1295
 HARRISBURG, PA 17108
 (717) 780-6125
 (717) 780-6485 FAX

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OFFER FOR REPOSITORY PROPERTY MINIMUM OFFER: \$2,000.00

TO: DAUPHIN COUNTY TAX CLAIM BUREAU

The undersigned hereby makes an offer of _____ (written amount)
 Dollars \$ _____ (numerical amount) to the Dauphin County Tax Claim Bureau (hereinafter the "Bureau")
 for the purchase of the following property heretofore offered at Judicial Sale as the property of
 _____ (Site address) located in _____ (Municipality) and known as
 _____ (parcel number).

This offer is made in accordance with Section 627 of the Act of July 7, 1947, as amended (72 P.S. § 5860.627).

It is the policy of the Dauphin County Tax Claim Bureau not to accept other than responsive bids for repository sale properties. To be responsive, a bid must be submitted by a responsible bidder. For purposes of the policy, a bidder who currently owes delinquent taxes, according to the records maintained by the Dauphin County Tax Claim Bureau, will not be considered a responsible bidder.

Fax, email, & mail transmittals will not be accepted. Corporate or Partnership bidders must disclose all principals, shareholders, and/or partners.

**This area is used for DEED purposes - Place person(s) name OR company name (Print clearly)*

NAME			
ADDRESS	<i>Street Address:</i>		<i>Apt/Suite/Floor:</i>
CITY/STATE/ZIP	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
PHONE NUMBER	<i>Phone 1:</i>		<i>Phone 2:</i>
SIGNATURE:			

ITEMS BELOW THIS LINE FOR BUREAU AND TAXING BODY USE ONLY

Municipality: Accept ____ Reject ____ Date _____ By _____
Print Name and Title

School District: Accept ____ Reject ____ Date _____ By _____
Print Name and Title

Accepted by the Dauphin County Tax Claim Bureau this _____ day of _____, 20____

TAXING BODIES MUST RESPOND TO THIS REQUEST WITHIN 60 DAYS FROM DATE RECEIVED

Holly C. Martz, Deputy Director