



MADISON COUNTY CLERK'S OFFICE

PO Box 1270
Richmond, KY 40476

321 N. Madison Ave.
Richmond, KY 40475


859-624-4703 ext. 2

*Submit a checklist and payment for each entity.

ONE (1)
PERSON MAY
REPRESENT
MORE THAN ONE
(1) ENTITY.

CERTIFICATE OF DELINQUENCY SALE REGISTRATION FORM 62A274 (10-22)

THIRD PARTY PURCHASER: REGISTRATION CHECKLIST

 Location of Tax Sale
Joint Information Center (JIC) 558 S. Keeneland Dr. Richmond, KY 40475

2024 Tax Sale Date: TBD

MADISON COUNTY CLERK
CERTIFICATE OF DELINQUENCY
SALE REGISTRATION

NOTE: THIS REGISTRATION FORM ALONG WITH ALL LISTS, REGISTRATION FEES AND DEPOSITS MUST BE SUBMITTED TO THE COUNTY CLERK'S OFFICE AT LEAST 10 CALENDAR DAYS PRIOR TO THE TAX SALE.

1. Name:
2. Street Address:
3. Mailing Address (If different from street address):
4. Telephone Number:
5. Include a copy of your state Certificate of Registration form (if applicable):
6. If you have purchased a certificate of delinquency in a prior year and you intend to purchase the current year's certificate of delinquency on the same property, please submit a list labeled "Priority Certificates of Delinquency." This list needs to include the following information:
 1. Current year's tax bill number;
 2. Taxpayer name;
 3. Amount due on current certificate of delinquency;
 4. Tax bill number and tax year of the prior year certificate of delinquency you already hold;
 5. Book and page number where the prior year certificate of delinquency you already hold is recorded;
 6. County account/parcel number (if applicable); and
 7. A copy of the prior year certificate of delinquency.
7. Please submit a separate list of the current year certificates of delinquency—for which no prior year claim exists—you would like to purchase at the tax sale. For each certificate of delinquency the following information needs to be provided:
 1. Tax bill number;
 2. Taxpayer name;
 3. Amount due on the certificate of delinquency;
 4. The total due for all certificates of delinquency.
8. Deposit. Calculate your required deposit:

Total amount due on all priority certificates listed in Item 6 \$ _____

plus

_____ % of amount due on all current certificates listed in Item 7 \$ _____

Total Deposit \$ _____

Acceptable forms of payment include:

9. Registration fee: Total number of certificates listed in Item 6 times \$5.00 plus the number of certificates listed in Item 7 times \$10.00. The maximum registration fee is \$250.00. Please include a separate payment for this amount with your registration.
10. Please read and confirm the following sworn statement. Be advised that filing a false sworn statement with the intent to mislead a County Clerk is a violation of KRS 523.030 and is a Class A Misdemeanor.

I hereby certify that I am not participating in this sale in conjunction with any related person or related entity to obtain any advantage over other potential purchasers at the sale.

Authorized Signature for Third Party Purchaser

Commonwealth of Kentucky
County of _____

Subscribed, sworn to and acknowledged before me this _____ day of _____, 20 _____
by _____.

Notary Public, State at Large

My Commission Expires: _____



MADISON COUNTY CLERK'S OFFICE

PO Box 1270
Richmond, KY 40476

321 N. Madison Ave.
Richmond, KY 40475


859-624-4703 ext. 2

*Submit this checklist and payment for each entity.

ONE (1) PERSON MAY REPRESENT MORE THAN ONE (1) ENTITY.

Third Party Purchaser REGISTRATION CHECKLIST

- Certificate of Delinquency Sale Registration Form 62A274 (10-22)** *Must contain the name and contact information for the Third-Party Purchaser.
- Copy of the Registration Certificate** *This is issued by the Department of Revenue.
- Lists of Prior Certificates of Delinquency** *If applicable, separate Payment REQUIRED for priority.
- 25% Deposit of ALL Current Certificates Submitted for the Month of the D-Tax Sale** *This can include the lien filing fee. ONLY CERTIFIED FUNDS WILL BE ACCEPTED. **Each entity will need separate checks.**
- Registration Fees (\$250.00)**

 Location of Tax Sale
Joint Information Center (JIC) 558 S. Keeneland Dr. Richmond, KY 40475

Refund Information

Name _____

Ph. _____ Email _____
XXXX XXXX-XXXX

Address _____

Address Line 2 _____

City _____ State _____ Postal Code _____