

TAX SALE REGISTRATION AND AFFIDAVIT OF PURCHASER

Annual Registration of Third-Party Purchaser for Certificates of Delinquency

I/We the undersigned, hereby declare our intent to purchase tax bills at the Kenton County Clerk's tax sale on July 23, 2025. As a registrant for the tax sale, I/We understand that by submitting the tax sale list in the approved format to the Kenton County Clerk's Office, I/We will be held liable for all the bills acquired through the sale unless I/We have notified the Kenton County Clerk's Office by email (debbie.kile@kentoncounty.org) requesting to be removed from participating in the delinquent tax sale no later than two days before the tax sale

Name of Representative _____

Purchaser's Name _____

(As it will appear on certificate)

Purchaser's Physical Address _____

Purchaser's Mailing Address _____

(As it will appear on the certificate)

Purchaser's Telephone Number _____

Purchaser's email address _____

Purchaser's Telephone Number for payoffs _____

Do you want to set a purchase cap? YES/ NO IF YES, what dollar amount? _____

Signature of Purchaser _____

Date _____

AFFIDAVIT

Please read and confirm the following sworn statement. Be advised that filing a false sworn statement with the intent to mislead the Kenton 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.

Signature

State of _____

County of _____

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

by _____.

Notary Public State at Large

My Commission Expires: _____

AGREEMENT FOR ACH PAYMENTS (CCD CREDITS)

COMPANY NAME: Kenton County Clerk's Office

I (we) hereby authorize Kenton County Clerk's Office to electronically debit my (our) account(s)). I (we) agree that ACH transactions I (we) authorize comply with all applicable law and the NACHA Operating Rules.

ACCOUNT:

TYPE OF ACCOUNT (SELECT ONE) CHECKING SAVINGS

DEPOSITORY NAME _____

ROUTING# _____ ACCOUNT# _____

NAME(S) ON THE ACCOUNT _____

AMOUNT OF DEBIT (i.e., flat amount or percentage)

DATE(S) AND/OR FREQUENCY OF CREDITS

ACCOUNT #2 (if necessary)

TYPE OF ACCOUNT (SELECT ONE) CI CHECKING CISAVINGS

DEPOSITORY NAME _____

ROUTING# _____ ACCOUNT# _____

NAME(S) ON THE ACCOUNT _____

AMOUNT OF DEBIT (i.e., flat amount or percentage)

DATE(S) AND/OR FREQUENCY OF CREDITS

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Kenton County Clerk's Office in writing that I (we) wish to revoke this authorization. I (we) understand that the Kenton County Clerk's Office requires at least 30 days prior notice in order to cancel this authorization.

NAME(S): _____

DATE _____ SIGNATURE(S) _____