

# 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. 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](mailto: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 PAYMENT**

COMPANY NAME: KENTON COUNTY CLERK'S OFFICE

**PLEASE RETURN DIRECTLY TO THE BOOKEEPING DEPARTMENT**

**1840 Simon Kenton Way STE 1101**

**Covington, KY 41011**

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 Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on the ACCOUNT: \_\_\_\_\_

Address on the Account: \_\_\_\_\_

Amount to be Debit ( if applicable ): \_\_\_\_\_

**ACCOUNT #2 (if necessary)**

Type of Account (select one):    CHECKING    SAVINGS

Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on the ACCOUNT: \_\_\_\_\_

Address on the Account: \_\_\_\_\_

Amount to be Debit ( if applicable ): \_\_\_\_\_

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 to cancel this authorization

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_