

**CITY OF CAMDEN**  
**OFFICE OF THE TAX COLLECTOR**  
**520 MARKET STREET, CITY HALL, ROOM 117**  
**CAMDEN, NJ 08102-5120**  
**(856) 757-7003 telephone**  
**(856) 964-0460 facsimile**

**Lien Holder ID** \_\_\_\_\_  
*(office use only)*

**TAX SALE BIDDER INFORMATION SHEET**

**Instructions:** Please complete the following information (entirely) to assist the Tax Office in the preparation and redemption of Tax Sale Certificate(s). After completion, return said sheet via facsimile or mail as stated on the letterhead prior to day of sale. One form must be completed in its entirety for each person/corporation in whose name a certificate is issued.

**Name of person bidding:** \_\_\_\_\_

**Full name and address of person or company of which the Certificate should be issued:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Federal Tax ID# or Social Security #:** \_\_\_\_\_

**Contact person to answer questions regarding Certificate(s):**

**Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Facsimile #:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Do you want your Certificates:** Mailed \_\_\_\_\_, Picked up: \_\_\_\_\_

**\*\*\*I have received a copy of bidding and payment policies\*\*\***

\_\_\_\_\_  
Signature