



DEPARTMENT OF FINANCE
CITY OF CAMDEN
NEW JERSEY

Bureau of Revenue Collections
TEL: (856) 757-7003

VICTOR CARSTARPHEN
MAYOR

BID FORM

1. Tax Sale Certificate No. _____
2. Amount of your Bid _____ **(Payment must be made by cash, certified check or money order). Bid must equal or exceed the minimum bid.**
3. Property address _____ Block# _____ Lot# _____ Q# _____
4. What do you intend to do with the land or property (i.e., use as residence, rental, side yard, etc.)

5. Do you own other land or property in the City of Camden? Yes No
If "yes", list land or property address (attached additional pages if needed):

6. Do you have any outstanding taxes, water or sewer charges, fees, judgement, or other indebtedness owed to the city? Yes No
7. Do you have any outstanding City code violations? Yes No
8. Do you have any other business names that you use? Yes No

I hereby certify that all of the above information is true and correct. By submitting this Bid, I hereby give permission to the City of Camden to conduct an appropriate investigation to verify my responses, where such permission is required by applicable law including checking my criminal history.

Name (Please print & Sign)

Last 4 digits of your Social Security#

Mailing Address

Date of Birth

Telephone#

Email Address

For office use only

Received: _____

By: _____