TAX FORFEITURE AUCTION

REGISTRATION FORM

E-Mail: kim.saterbak@co.swift.mn.us

Mail: Swift County Auditor's Office

301 14th Street North

PO Box 288

Benson, MN 56215

Fax: 320-843-2275

Please PRINT CLEARLY and submit this form to the Auditor's Office prior to the Auction. Form submission prior to the auction allows bidder to simply sign in.

If bidding on behalf of a company, you must fill out the "Company Information" portion below.

Bidder Name _____ _____

(First name) (Last name)

Purchaser Name (Name EXACTLY as to appear on contract or deed)

_____ _____

(First Name) (Last name)

_____ _____

(First Name) (Last name)

Mailing Address _____

City _____State _____ ZIP _____

Marital Status (for Deed purposes only) - Please check appropriate boxes below:

☐ Single ownership ☐ Co-ownership: joint tenancy

☐ Co-Ownership: other ☐ Co-ownership: tenancy in common

Company Information

_____ _____

(First Name) (Last name)

_____

(Title)

_____ _____

(Name of company) (Type of Company, ig. LLC, Inc. etc)