



COUNTY OF UNION
OFFICE OF THE TREASURER AND EX-OFFICIO COLLECTOR

309 W MARKET STREET / ROOM 104
JONESBORO, ILLINOIS 62952
(t) (618)833.5621 (f) (618)833.5496

SUBSTITUTE W-9 / TAX SALE BUYER REGISTRATION FORM

SECTION I

NAME OF BIDDER: _____ SSN/FEIN: _____
BIDDING COMPANY: _____ EMAIL: _____
ADDRESS: _____
PHONE: _____ FAX: _____

NOTE: IF BIDDER IS **NOT** ASSOCIATED WITH AN ORGANIZATION FOR THE PURPOSES OF THIS TAX SALE, PLEASE SKIP TO SECTION III.

SECTION II

CHECK AND COMPLETE ONE OF THE FOLLOWING ORGANIZATIONAL STRUCTURES.

_____ CORPORATION
PLACE OF INCORPORATION: _____
NAME OF REGISTERED AGENT: _____
ADDRESS OF AGENT: _____

_____ PARTNERSHIP
NUMBER OF PARTNERS: _____
NAME(S) AND ADDRESS(ES) OF ALL PARTNERS:

_____ OTHER
BUSINESS STRUCTURE: _____
NAME(S) AN ADDRESS(ES) OF ALL PERSONS WITH OWNERSHIP:

SECTION III

UNDER PENALTIES OF PERJURY AS SET IN SECTION 1-109 OF THE CODE OF CIVIL PROCEDURE, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT TO BE ELIGIBLE TO BID AT THE PUBLIC SALE THIS COMPLETED REGISTRATION FORM MUST BE RECEIVED, WITHOUT EXCEPTION, BY THE UNION COUNTY TREASURER'S OFFICE BY THE END OF THE BUSINESS DAY TEN DAYS BEFORE THE DATE OF THE TAX SALE.

DATE

SIGNATURE