

# SALE REGISTRATION FORM PAGE 3 FOR 2025 LAKE COUNTY TAX CERTIFICATE SALE

Questions regarding registration should be directed to the Lake County Auditor's Tax Sale department, 2293 North Main Street, Crown Point, IN 46307 -- 219-755-3155.

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

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EIN #:** \_\_\_\_\_

**Resident Agent Name:** \_\_\_\_\_

**Resident Agent Address:** \_\_\_\_\_

**Existing Principals/Owners/Managers of the Business Entity  
(name/Address):**

\_\_\_\_\_  
\_\_\_\_\_

I HEREBY SWEAR OR AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND THAT IF APPROVED, I WILL NOT ALLOW ANY THIRD PARTIES TO UTILIZE MY BIDDER NUMBER AT AUCTION NOR WILL I MAKE BIDS ON BEHALF OF ANY OTHER PERSON OR ENTITY. ALL BIDS SHALL BE PAID BY ME OR THE BUSINESS ENTITY OR ITS LISTED OWNERS AND NO OTHER THIRD PARTIES. IF I FAIL TO ABIDE BY THESE TERMS AND CONDITIONS OR INFORMATION PROVIDED HEREIN IS DEEMED INCOMPLETE AND/OR FALSE BY THE AUDITOR TAX SALE DEPARTMENT, ANY AND ALL OF MY REGISTRATION FEES AND BIDS MAY BE DEEMED FRAUDULENT AND FORFEITED AT THE SOLE DISCRETION OF THE LAKE COUNTY AUDITOR.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME**

**AUDITOR USE ONLY:**  
APPROVED: \_\_\_\_\_  
DENIED: \_\_\_\_\_  
BIDDER #: \_\_\_\_\_  
PACKET PICK UP DATE: \_\_\_\_\_