

CITY OF LOWELL, MASSACHUSETTS



CITY OF LOWELL
Sale of Tax Titles

(PLEASE TYPE OR PRINT CLEARLY)

All Bidders must furnish the following information:

Name: _____
(Proof of Identification will be required)

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone Number: (_____) _____ - _____ Email: _____
(OPTIONAL)

If a Corporation, Limited Liability Entity or Non- Natural person:

Official Name: _____

Tax Identification Number: _____

Name of Authorized Bidder: _____
(Proof of Authorization and Personal identification will be required)

State of Legal Incorporation: _____ Qualified to do Business: Yes _____ No _____
or Organization in Massachusetts

Address of Principal Office: _____

City: _____ State: _____ Zip: _____ - _____

Phone Number: (_____) _____ - _____ Email: _____
(OPTIONAL)

PLEASE RETURN THE COMPLETED FORM TO THE ADDRESS BELOW ALONG WITH A CERTIFIED OR BANK CHECK MADE PAYABLE TO THE CITY OF LOWELL IN THE AMOUNT OF \$2,500.

Checks will be returned in full to registered bidders that are not awarded sale or will be applied to the 10% deposit for those that are awarded sale.

YOU WILL BE ASSIGNED A BIDDER NUMBER ON THE DAY OF THE AUCTION