GILA COUNTY BOARD OF SUPERVISORS
SALE/AUCTION OF PROPERTIES HELD BY THE STATE UNDER TAX DEED
(DATE)

BIDDER REGISTRATION FORM

BIDDER #_____

PLEASE PRINT INFORMATION

BIDDER'S NAME:_____

BIDDER'S ADDRESS:_____

BIDDER'S PHONE NUMBER: _____

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INFORMATION FOR QUIT CLAIM DEED:

____ Please check here if you wish to take title as "Joint Tenants with Right of Survivorship" (i.e., John Doe and Mary Doe, as Joint Tenants with Right of Survivorship).

Name(s) to appear on deed:

_____

Deed will be mailed to this address: _____

_____

Deed holder's phone number: _____

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Acknowledgment

I, _____, acknowledge that if I am the successful bidder, payment is due to the Clerk of the Board by no later than 5:00 p.m. on Wednesday, (date).