

CAMBRIA COUNTY TAX CLAIM BUREAU
BIDDER APPLICATION FOR LIMITED LIABILITY COMPANY

LLC Name _____
(PRINT NAME AS IT SHOULD APPEAR ON A DEED)

LLC Address _____

Phone Number _____

Name of Member Authorized to Sign _____
A copy of the document showing the Signer has the authority to act on behalf of the Bidder **must** be presented at the time of Application. (e.g. LLC Operating Agreement)

List **All** Members, Managers & Persons with an Ownership Interest:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Additional Pages May Be Added, If Necessary)

EACH COMPLETED BIDDER APPLICATION MUST BE SUBMITTED IN PERSON BY THE AUTHORIZED SIGNER DURING THE BIDDER RETISTRATION PERIOD SCHEDULED PRIOR TO THE TAX SALE DATE. **VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION IS REQUIRED.** Please call the office for deadlines and acceptable forms of ID. (814) 472-1445.

FOR OFFICE USE ONLY:

Photo ID	# _____	TYPE _____
Expiration Date	_____	
Taxes	_____	
Affidavit	_____	
LLC Op Agrt	_____ (attach copy)	