CAMBRIA COUNTY TAX CLAIM BUREAU BIDDER APPLICATION FOR LIMITED LIABILITY COMPANY

LLC Name			
	(PRINT NAME AS IT SHOUL	D APPEAR ON A DEED)	
LLC Address			
Phone Number			
Name of Member Aut	horized to Sign		
A copy of the docume	nt showing the Signer	has the authority to act or	n behalf of the Bidder
must be presented at	the time of Application	n. (e.g. LLC Operating Agr	eement)
		an Ownership Interest:	-1
Name	Address	•	Phone Number
(Additional Pages May Be	Added, If Necessary)		
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EACH COMPLETED BID	DDER APPLICATION MU	ST BE SUBMITTED IN PER	SON BY THE AUTHORIZED
SIGNER AT LEAST TWO) (2) WEEKS PRIOR TO	THE TAX SALE DATE. VALI	D GOVERNMENT ISSUED
PHOTO IDENTIFICATION	ON IS REQUIRED. Plea	se call the office for deadl	lines and acceptable
forms of ID. (814) 472	-1445.		
FOR OFFICE USE ONLY	Y: Photo ID	#	TYPE
		e	<u> </u>
	Taxes		
	Affidavit		
	•	(attach co	nv)