ARMSTRONG COUNTY TAX CLAIM BUREAU
APPLICATION FOR SURPLUS FUNDS

TAX SALE DATE :
NAME OF DELINQUENT TAXPAYER(S) :
PARCEL NUMBER :
PROPERTY LOCATION :
NAME OF CLAIMANT(S) :
MAILING ADDRESS OF CLAIMANT(S) :
PHONE NUMBER OF CLAIMANT(S) :

The undersigned indemnifies and holds Armstrong County, its agents and employees, harmless against claims by any other persons for such unclaimed funds and waives all causes of action against Armstrong County, its agents or employees, arising out of the Tax Sale.

The undersigned agrees that if, for any reason it is found that they are not entitled to this payment, they will return the funds to the Armstrong County Tax Claim Bureau within fifteen (15) days of demand.

The undersigned agrees that all claims, assertions and signatures made in this claim are true and correct. Any falsification of any degree is a felony criminal offense and will subject undersigned to prosecution to the fullest extent of the law.

The undersigned has attached the following:
(a) photocopy of your driver's license or other government issued photo identification
(b) a copy of proof associating Claimant to the property sold at Tax Sale

Claimant(s) Signature: _____ Claimant(s) Signature: _____

Date: _____ Date: _____

State of: _____

Subscribed and sworn before me this ____ day of _____, 20 ____:

_____ Notary Stamp and/or Seal

Notary Public