

ADAMS COUNTY TAX SERVICES DEPARTMENT

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ADAMS COUNTY TAX CLAIM BUREAU

APPLICATION FOR CLAIM OF EXCESS MONIES

DATE OF SALE:	SALE NO:
PROPERTY LOCATION:	PROPERTY DESCRIPTION:
OWNER(S) OR REPUTED OWNER(S):	
MAILING ADDRESS:	
	For office use only:
	Check no.
EXCESS MONEY: \$ -	Date paid:
The claimant(s) authorized interested party, claims the sum of \$ the sale proceeds.	, as owner(s), reputed owner(s), or as the amount due and owing of excess monies from
State of	(SIGNATURE OF CLAIMANT)
County of Ss.	, , , , , , , , , , , , , , , , , , ,
On this, the,, before	me, the undersigned officer, personally appeared
Known to me (or satisfactorily proven) to be the person who acknowledged that executed the same for the purpose	
IN WITNESS WHEREOF, I hereunto set my hand and offici	al seal.
	My Commission Expires