

**Franklin County Clerk  
Certificates of Delinquency Sales Registration Form**

*This form must be submitted in person or by mail by close of business July 11, 2022. Postmarks will **NOT** be accepted.  
We will **not** accept this form via fax or email.*

*Please print. Illegible or incomplete forms will **not** be accepted.*

1. Name \_\_\_\_\_
2. Contact Name, if purchaser is an entity: \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. City, State & Zip Code: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. City, State & Zip Code: \_\_\_\_\_
7. Telephone Number: \_\_\_\_\_
8. Please **attach** a copy of Certificate of Registration from the Department of Revenue, if applicable.
9. Please **attach** a completed form containing the information required by KRS 134.490(3)(e). ***A blank form included as the last is page of this packet.*** You may complete it or create your own. Please make sure the form is complete and legible as it will become part of the encumbrance recording for each certificate awarded during the sale process.
10. Please **attach** a list of each **priority** Certificate of Delinquency you intend to purchase at the sale. For each certificate, please provide the following information:
  - Current year's tax bill number;
  - Taxpayer's name;
  - Amount due on current Certificate of Delinquency;
  - Tax bill number and tax year of the prior year Certificate of Delinquency you already hold;
  - Book & page number where prior year lien is recorded;
  - Map ID/Parcel # on Certificate of Delinquency.
11. Please **attach** a list of each **current** Certificate of Delinquency you intend to purchase at the sale. This list shall be clearly identified as a current year Certificate of Delinquency list and shall **be prepared in order by tax bill number, lowest to highest,** and include for each Certificate of Delinquency the following information:
  - Current year's tax bill number;
  - Taxpayer name(s) as shown on the bill;
  - Amount due for the Certificate of Delinquency;
  - Map ID/Parcel number of the property;
  - Total amount due for all Certificates of Delinquency included on the list.
12. Deposit. Calculate your required deposit:
  - Total amount due on all **Priority** certificates listed in Item 10 \_\_\_\_\_
  - **PLUS**
  - Twenty-five (25) percent of amount due on all **current** certificates listed in Item 11 \_\_\_\_\_

**Please include this amount with your registration.**

**TOTAL:** \_\_\_\_\_

Acceptable forms of payment are:

- Cashier's check
- Certified check
- Company Check

13. **Submit Registration Fee:** \$5.00 for each Certificate of Delinquency included on the Purchaser's Priority list and \$10.00 for each Certificate of Delinquency included on the Purchaser's current list. **The total registration fee shall not exceed \$250.00.**

14. **Please read and confirm the following sworn statement.** Be advised that filing a false sworn statement with the intent to mislead a County Clerk is a violation of KRS 523.030 and is a Class A Misdemeanor.

*I hereby certify that I am not participating in this sale in conjunction with any related person or related entity to obtain any advantage over other potential purchasers at the sale.*

\_\_\_\_\_  
Commonwealth of Kentucky

County of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

\_\_\_\_\_

\_\_\_\_\_  
Notary Public, State at Large

My Commission Expires: \_\_\_\_\_

**Copies of all lists of Priority certificates shall be available, by request, no later than forty-eight (48) hours prior to the sale.**

**However, once the Priority certificates have been approved, a comprehensive listing will be available at <http://kydtax.smlc.us>**

Please give an email address for the contact individual: \_\_\_\_\_

**Third Party Purchaser's Information**  
**KRS 134.490(3)(e)**

**Legal Name of Third Party Purchaser:** \_\_\_\_\_

**Contact Person, if purchaser is an entity:** \_\_\_\_\_

**Third Party Purchaser's Physical Address:** \_\_\_\_\_  
\_\_\_\_\_

**Third Party Purchaser's Mailing Address for Payments:** \_\_\_\_\_  
*\*If different from the physical address*  
\_\_\_\_\_

**Third Party Purchaser's Telephone Number:** \_\_\_\_\_