

Delinquent Tax Division 4045 Bridge View Drive North Charleston, SC 29405 (843) 202-6570

FAX: (843) 202-6066

CHARLESTON COUNTY NOVEMBER 4, 2024 TAX SALE BIDDER REGISTRATION FORM

(Please Print)

Name:	(Name and address on the tax dee	ed if you get t	he property)
Mailing Address:			FF
City:		State	Zip
Email:			
Bidder Agent's	s Name (if applicable)		
Phone:			
Signature:	By signing you agree to the terms within the Nove	mber 4, 2024 De	linquent Tax Sale Bidder Information Sheet.
PLEASE INCLUDE:			
	☐ \$15 Registration Fee		Copy of ID

ONLY ONE MAILING ADDRESS PER BIDDER CAN BE ACCEPTED.

IF A CHANGE OF ADDRESS IS NECESSARY, PLEASE NOTIFY THIS OFFICE IMMEDIATELY IN WRITING.

REGISTRATION WILL END ON TUESDAY, JANUARY 7, 2025 NO REGISTRATIONS WILL BE ACCEPTED ON THE DAY OF THE SALE

PLEASE DO NOT SEND CASH BY MAIL

PLEASE SUBMIT YOUR <u>NON-REFUNDABLE</u> \$15 BIDDER REGISTRATION FEE BY PERSONAL CHECK OR MONEY ORDER, MADE OUT TO CHARLESTON COUNTY DELINQUENT TAX <u>AND</u> A COPY OF YOUR <u>VALID</u> GOVERNMENT ISSUED PHOTO ID WITH THIS BIDDER REGISTRATION FORM AND <u>MAIL TO</u>:

ATTN: BIDDER REGISTRATION
REVENUE COLLECTIONS-DELINQUENT TAX
4045 BRIDGE VIEW DR STE B110
NORTH CHARLESTON, SC 29405-7464