

Sullivan County Tax Claim Bureau

Susan K. McCarty,
Director
245 Muncy Street

PO Box 157

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Laporte, PA 18626

Bidder Application

Date _____

Name: _____

Address: _____

Telephone _____

Photo Id (please enclose photocopy):

Property to be deeded to: Note all persons listed on the deed must complete a Certification form.

Name(s) _____

If more than one (1) name how is the property to be held?

Address: This is where the tax bill will be sent.

Telephone Numbers of all persons to be listed on deed:

