

**OVER THE COUNTER TAX DEED SALE
PARCEL OFFER FORM**

Parcel Number: _____

The following information will be presented to the Board of Supervisors for approval at the next scheduled board meeting.

Offer amount: \$ _____

Submitted by:

If accepted by the Board of Supervisors:

Name

Deed to be issued in the name of: (if Different)

Address

Mailing address for recorded deed: (if Different)

City, State, & Zip

Phone Number

E-mail address

Signature of Person Making the Offer

THE FULL AMOUNT OF THE OFFER MUST BE SUBMITTED IN CASH, CASHIER'S CHECK, OR MONEY ORDER AND MADE PAYABLE TO GRAHAM COUNTY TREASURER PRIOR TO THE PROCESSING OF THE OFFER.

For Treasurer Office Use:

- Payment Received (Date and form of Payment) _____
- Bid Amount Meets or exceeds minimum (Y or N) _____

Treasurer Office Initial

Once Offer Approved by BOS:

Date Deed Issued, Recorded, and Mailed

Signature