



pennsylvania

DEPARTMENT OF REVENUE

BUREAU OF COMPLIANCE
PO BOX 281230
HARRISBURG PA 17128-1230
P: 717-787-3911 OPTION 5

NOTICE OF PROPERTY SALE

Date Submitted _____

In accordance with the provisions of the Fiscal Code of 1929, the following information must be filed with the PA Department of Revenue. Call 717-787-3911 option 5 for personal assistance during normal business hours.

Send completed form to:

**PA DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
PO BOX 281230
HARRISBURG PA 17128-1230**

SECTION A.

SALE INFORMATION

County Name	Date of Sale	Execution Number (required if Sheriff Sale)
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Sale category:

- Sheriff (submit at least 20 days prior to sale date) County Tax Claim Bureau (submit at least 30 days prior to sale date)

Sale type:

- Real Estate Free and Clear
 Personal Property Other _____

SECTION B.

DEFENDANT INFORMATION

Name			
Entity Suit is Against (if different from Defendant Name)		EIN Number (if available)	
Street Address	City	State	ZIP Code

Parcel Number(s)

SECTION C.

PROPERTY BEING SOLD

Physical Street Address	City	State	ZIP Code
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SECTION D.

PLAINTIFF INFORMATION

Name	Entity Bringing Suit (if different from Plaintiff Name)		
Street Address	City	State	ZIP Code

SECTION E.

CONTACT INFORMATION

Name	Title	Telephone Number
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Total Number of Entities Submitted _____

It is not necessary to attach a handbill when form is completed in its entirety.