



COUNTY OF BERKS, PENNSYLVANIA

Tax Claim Bureau

Services Center, 2nd Floor
633 Court Street
Reading, PA 19601

Phone: 610.478.6625
Fax: 610.478.6644
E-mail: taxclaim@countyofberks.com

Christian Y. Leinbach, Commissioner Chair
Kevin S. Barnhardt, Vice Chair
Michael S. Rivera, Commissioner

NICOLE E. BLANDING, Tax Claim Director

UNCLAIMED FUNDS

In order to claim "excess funds" from a tax sale, you must complete this form in its entirety and submit with it proof of your association and identity. Please submit a clear, color copy of your VALID government issued photo identification and documentation confirming your association to the property that was sold. The document that you submit must have both your name(s) and the property address listed. Acceptable forms of documentation include a utility bill, mortgage payment coupon, original post-marked envelope, government issued, photo identification, canceled check, or pay stub. ***We will not accept any public records as a form of association – deed, tax bill, etc.** These lists are not all-inclusive of the types of documentation we will or will not accept. If you have a question regarding the validity of your support, please contact our office to discuss.

Sale Date _____ PIN _____

Property Location _____

Previous Owner(s) _____

Claimant(s) _____

Physical Address _____

Mailing Address _____

Email _____ Phone # _____

The undersigned indemnifies and holds Berks County, its agents and employees, harmless against claims by any other persons for such unclaimed funds and waives all causes of action against Berks County, its agents, or employees, arising out of the Tax Sale.

The undersigned agrees that if, for any reason it is found that they are not entitled to this payment, they will return the funds to the Berks County Tax Claim Bureau within fifteen (15) days of demand.

The undersigned agrees that all claims, assertions and signatures made in this claim are true and correct. Any falsification of any degree is a felony criminal offense and will subject undersigned to prosecution to the fullest extent of the law.

Signature (In presence of Notary)

Signature (In Presence of Notary)

Date

Date

State of _____ / County of _____

This record was acknowledged before me on _____ (date) by the following

individual(s): _____.

{ STAMP / SEAL }

Notary Signature