

Pre-qualification of bidders, pursuant to R.I.G.L. 44-9-13, shall be conducted on Thursday, June 2, 2016 from 9:00a.m. until 13:30 p.m. at the Collections Office at 137 Roosevelt Ave, Pawtucket RI 02860. Mail in registration will be provided upon request. All forms must be received by the City of Pawtucket at least two (2) days prior to the lien sale. No bidder registration forms will be accepted the day of the lien sale. The City reserves the right to accept or reject bidder registration forms for failure to register pursuant to the instructions. In accordance with the relevant provisions of the Access to Public Records Act, R.I.G.L. 38-2-1 et seq.

**CITY OF PAWTUCKET**  
**2016 TAX SALE**  
**June 9, 2016 AT 10:00 A.M. LOCAL TIME**  
**BIDDER QUALIFICATION FORM**

The undersigned, being duly sworn on oath deposes and says I understand:

1. That this Affidavit is given for purposes of compliance with RIGL 44-9-13 and 44-9-13.1, as amended.
2. That I am bidding at Tax Sale on behalf of \_\_\_\_\_  
The type of entity for this bidder is \_\_\_\_\_
3. That the Bidder identified in Paragraph 2 hereof is not delinquent in the paying of taxes, nor is an officer of the bidder, nor is a 10% shareholder or owner of the bidder delinquent in the paying of taxes on any property located within the City of Pawtucket.
4. Said Bidder is current on any and all payment plans for the payment of taxes to the City of Pawtucket (if any).
5. In the event said Bidder is not a resident of the City of Pawtucket, the following agent is appointed to provide redemption figures and/or release such land:

\_\_\_\_\_.  
Said agent is a resident of the State of Rhode Island. In the event said agent changes his/her residence, a new Certificate shall be filed with the City of Pawtucket.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

**BIDDER:**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Subscribed and sworn to before me in \_\_\_\_\_, County of \_\_\_\_\_, State of Rhode Island, this \_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

My commission expires \_\_\_\_\_

I hereby accept the appointment as Agent for the Bidder.

Signature of Agent: \_\_\_\_\_

Printed Name of Agent: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

TAX SALE DEED INFORMATION

- PLEASE COMPLETE THIS FORM **EXACTLY THE WAY YOU WANT THE DEED TO READ** AS ALL INFORMATION WILL BE TAKEN FROM THIS FORM.

- IF JOINT PURCHASES ARE GOING TO BE MADE, THE WINNING BIDDER MUST STATE THE NAMES TO BE SHOWN ON THE DEED IMMEDIATELY UPON WINNING THE BID. NO CHANGES WILL BE ALLOWED ONCE THE TAX SALE IS COMPLETED.

PAYMENTS FOR WINNING BIDS MUST BE MADE TO THE TAX COLLECTOR BY CASH, CERTIFIED CHECK OR BANK CHECK ONLY. THE TAX COLLECTOR WILL NOT BE RESPONSIBLE FOR TAKING PERCENTAGES FROM EACH OF THE JOINT BIDDERS. PLAN YOUR TRANSACTIONS ACCORDINGLY.

ENTITY TYPE:

- \_\_\_\_\_ RI GENERAL PARTNERSHIP
- \_\_\_\_\_ RI LIMITED PARTNERSHIP
- \_\_\_\_\_ RI CORPORATION
- \_\_\_\_\_ RI LIMITED LIABILITY CORP.
- \_\_\_\_\_ MA GENERAL PARTNERSHIP
- \_\_\_\_\_ MA LIMITED PARTNERSHIP
- \_\_\_\_\_ MA CORPORATION
- \_\_\_\_\_ MA LIMITED LIABILITY CORP.
- \_\_\_\_\_ INDIVIDUAL
- \_\_\_\_\_ OTHER \_\_\_\_\_

**PLEASE PRINT NAME AS IT IS TO APPEAR ON THE DEED**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

