

DEKALB COUNTY TAX COMMISSIONER'S OFFICE CLAIM FORM FOR EXCESS BID



Parcel IDProperty Address	
Claimant	
Tax Sale Date Property ov	wner
Tax Sale Purchaser	The amount of excess bid total is \$
•	AIMS FILED BY A SECURED PARTY.)
	s a secured interest in the referenced property; and said lien
	tional amount of \$for interest and
costs, and that the lien is [inferior to a mortgage held b	
is] superior to all other mortgages, liens, encumbrance	es, or claims; and
Claimant makes claim of and demands that excess bid moni	es in the amount of \$,
afterpaying the taxes and costs of making the sale and aft	er paying superior claims, claims be paid to Claimant
pursuant to O.C.G.A. 48-4-5.	
	to the excess funds and that there are no other lienholders
pursuant to O.C.G.A. 48-4-5. The claimant avers under oath that the claimant is entitled with a superior interest to that of the claimant this	
The claimant avers under oath that the claimant is entitled	
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The claimant avers under oath that the claimant is entitled with a superior interest to that of the claimant this	day of, 20
The claimant avers under oath that the claimant is entitled with a superior interest to that of the claimant this Claimant's Signature	day of, 20 Claimant's Address
The claimant avers under oath that the claimant is entitled with a superior interest to that of the claimant this Claimant's Signature Claimant's Name and Title (printed)	day of, 20 Claimant's Address Claimant's City, State and Zip Code
The claimant avers under oath that the claimant is entitled with a superior interest to that of the claimant this Claimant's Signature	day of, 20 Claimant's Address

Claims can be filed in person or by mail: DeKalb County Tax Commissioner, 4380 Memorial Dr., Suite 100, Decatur, GA, 30032