



Thomas K. Cavanagh Sangamon County Treasurer
Sangamon County Complex – Room 102, 200 S. 9th Street
Springfield, IL 62701
Telephone (217) 753-6800 Fax (217) 753-6837
Substitute W-9

Name of Bidder: _____ SSN/FEIN: _____

Bidding Company: _____ E-Mail: _____

Address: _____

Telephone: _____ Fax: _____

If the potential bidder is not an individual, please identify the type of business:

_____ Corporation
 Place of Incorporation: _____

Name of Registered Agent: _____

Address: of Registered Agent: _____

_____ Partnership:
 Number of Partners: _____
 Names and address of all partners and percentage of interest (attach separate sheet if necessary):

_____ Other:
 Type of business structure: _____
 Names and address of all persons with any ownership in the business (attach separate sheet if necessary):

Under penalties of perjury as set in section 1-109 of the Code of Civil Procedure, I hereby certify that the above information is true and correct. I understand that this completed registration form must be received by the Sangamon County Treasurer's office by 5:00 p.m October 20, 2009. I understand that I will not be eligible to bid at the public sale if this form is not received by the aforementioned date and that delays caused by the United States Mail or otherwise will not excuse me from that requirement.

 Date

 Signature

 FOR OFFICE USE ONLY

Date Received: _____ By: _____