

**CITY OF GLEN COVE
FINANCE DEPARTMENT
9 GLEN STREET
GLEN COVE, NEW YORK 11542
(P)516-676-2355, (F)516-320-7807**

Michael Piccirillo
Controller

LIEN BUYER REGISTRATION FORM

Date: _____

Company: _____

Name: _____

As you would like it to appear on the Lien Certificates-Please print clearly

Address: _____

Phone #: _____

Fax #: _____

I understand that I must be a registered lien buyer in order to participate in the annual lien sale for the City of Glen Cove. I acknowledge I must bring two (2) checks with me to the lien sale – one (1) check for city liens and one (1) check for school liens as they must be maintained separately. **On the date of the lien sale, after the sale is complete, the check(s) will be used to pay a deposit of ten percent (10%) of the sum of the liens I purchase. I also understand and acknowledge that I have sixty (60) days from the date of the lien sale to pay the remaining ninety percent (90%). Furthermore, failure to pay such balance will result in the forfeiture of my 10% deposit.** Certified checks are preferred, but not required.

Signature: _____ Date: _____

For office use only

Assigned Lien Buyer#: _____ Date: _____

Initials: _____

Notes:

