BAY COUNTY CLERK OF COURT & COMPTROLLER P.O. BOX 2269 PANAMA CITY, FLORIDA 32402 850-747-5100 Ext. 3 Fax 850-747-5199 CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Claimant's Name:				
Contact name if claimant is not an individual:				
Address*		State	Zip Code	
Phone Number:	_	Email Address:		
Tax Deed Number:	_	Date of Sale (If know	/n):	
$\hfill \square$ I am not making a claim and waive any cla				
\Box I am claiming surplus proceeds resulting fr	om the above t	ax deed sale. I am a	☐ Lienholder ☐	Titleholde
1. LIENHOLDER INFORMATION (Co	mplete if claim	is based on a lien again	nst the sold proper	ty)
A. Type of Lien: Mortgage Other, Describe in detail:	Court Judgmen	t Condominiu	m/Home Owner's	
If your lien is recorded in the Bay County Officia				
Recording date; Instrur		_		<u> </u>
B. Original Amount of Lien \$			-	
C. Amount Remaining Due (include int	erest, if applical	ole \$)	
 TITLEHOLDER INFORMATION (C A. Nature of Title: Deed; 	•			
A. Nature of Title Deed,	Court Judgmen	it, Other (describe in d	etaii)	
If your title is recorded in the Bay County Officia	al Records, list t	he following, if know	 n:	
Recording date; Instrur	nent #	; Boo	ok # Page #	<u> </u>
B. Amount of surplus tax sale proceeds			_	
C. Do you claim this property was your	homestead at th	ne time of the sale?	YES	_NO
3. I request that payment of any surplus fur	nds due to me be	made payable to		
and such payment be mailed to either the	address above	or to		
4. I hereby swear that all of the above int	formation is tru	e and correct.		
Date:				
		Claimant S	Signature	_
STATE OF				
COUNTY OF				
Sworn to and subscribed before me on this	_day of		, 20 by	
	-•			
Date:				
	NOTAL	NOTARY PUBLIC or DEPUTY CLERK		
	[Print, 7	Гуре, or stamp commi	ssioned name of ne	otary]
Personally Known				
Produced Identification				
Type of Identification Produced				
*This is where payment will be mailed				