

**APPLICATION AND AFFIDAVIT FOR
REDEMPTION OF PARCEL SOLD FOR TAXES
ON OR AFTER APRIL 24, 1995**

District _____
Parcel No. _____

Amount of
Redemption \$ _____
Date of Tax Sale _____

STATE OF IOWA)
) ss.
COUNTY OF POLK)

I, the undersigned, hereby request the Polk County Treasurer to issue, as directed by me, a Certificate of Redemption from tax sale of the above-numbered parcel located in Polk County. The undersigned hereby agrees to indemnify and save harmless the Polk County Treasurer from any damages sustained because of such redemption. To satisfy the Treasurer that I have an interest in the parcel sufficient to give me a right to redeem it upon payment of the proper amount, I do depose and certify under penalty of perjury that I am, or the party on whose behalf I am acting is, **as of the date notice of expiration of right of redemption was filed with the Treasurer, said date being** _____:

[NOTE: One or more item(s) must be checked, where applicable.]

1. _____ The title-holder of record.
2. _____ The person in whose name the parcel was/is taxed.
3. _____ A person in possession of the parcel.
4. _____ A mortgagee with a lien on the parcel.
5. _____ A vendor of the parcel under a recorded contract of sale.
6. _____ A lessor with a recorded lease or recorded memorandum of a lease.
7. _____ Any other person with an interest of record (examples: judgment creditor of record, vendee under recorded real estate contract, holder of an inherited or devised recorded interest, tax sale certificate holder).
8. _____ A person who acquired an interest in or possession of the parcel subsequent to the filing of the notice of expiration of the right of redemption (this category is applicable only to tax sales occurring on or after April 24, 1995.)

If you checked box 7 or 8, briefly describe your interest in the parcel: _____

Name of person or entity entitled to redeem
(please type or print)

Signature

Address

Title, or capacity of agent, attorney or personal representative

City - State - Zip Code

FOR OFFICE USE ONLY		
Verified By (full name): _____	Date _____	ID # (Place X on line) _____

Phone Number

Date

Subscribed and sworn to before me this _____ day of _____, _____.

[Seal]

Notary Public in and for the State of _____