



# COUNTY OF BUCKS

## TAX CLAIM BUREAU

55 East Court Street, Doylestown, PA 18901  
(215) 348-6274 | TaxClaim@buckscounty.org

KRISTIAN A. BALLERINI  
*Treasurer / Director*

Kristin Nielsen, 2<sup>nd</sup> Deputy, Director  
Alexander M. Glassman, Solicitor

### STATEMENT REQUEST

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Settlement or Re-Finance Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

File Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\$5.00 Statement Fee Enclosed:

Return Envelope Enclosed:

**Please allow 10 days for processing. Send the statement request by mail along with a check made out to Bucks County Tax Claim Bureau and a self-addressed stamped envelope to get the request processed. We cannot accept faxed or emailed requests.**