

OFFICIAL DOCUMENT

CERTIFICATE OF AUTHORIZATION TO RECEIVE EXCESS TAX FUNDS
FROM CARROLL COUNTY, GEORGIA

Tax Parcel No.:

Defendant in Fi-Fa:

Date of Sale:

Excess Funds Held:

Present Record Owner(s)

Known Lien Holders:

Check made payable to:

In accordance with O.C.G.A. § 48-4-5, (Payment of excess funds), I/we do hereby certify under the penalty of perjury that I/we are the person (s) authorized to receive the excess from the trust account of the Sheriff of Carroll County, Georgia.

This _____ day of _____, 200

Authorized Party (Seal & Print Name)

Authorized Party (Seal & Print)

Authorized Party (Seal & Print Name)

Authorized Party (Seal & Print)

Witness (Seal)

Sworn to and subscribed before me
this _____ day of _____, 200

Notary Public (Official Seal)
My Commission expires:

I/we hereby acknowledgment of the receipt of check number _____, made payable in the amount of \$ _____ from the Sheriff of Carroll County, Georgia, made payable to:

This _____ day of _____, 20