



OFFICE OF THE LIEUTENANT GOVERNOR

OFFICE OF THE TAX COLLECTOR

1105 King Street • Christiansted, Virgin Islands 00820 • 340.773.6449 • Fax 340.719.2355
5049 Kongens Gade • Charlotte Amalie, Virgin Islands 00802 • 340.774-2991 • Fax 340.779.7825

UNITED STATES VIRGIN ISLANDS REAL PROPERTY TAX AUCTION BIDDER REGISTRATION FORM

Name of Bidder:

Address:

Home/Work Phone #:

Cell Phone #:

Email Address:

NOTE: If you intend to bid on behalf of another person or entity, then you must submit identification for both yourself and the other person, along with notarized letter or power of attorney.

GOVERNMENT-ISSUED PHOTO ID	NUMBER
Driver's License	
Passport	
Birth Certificate	
Passport Card	
OTHER (explain)	

☐ I have no outstanding real property or other US Virgin Islands tax obligations.

☐ I am aware that failing to follow through with purchase(s), may be grounds for being barred from future auction sales.

☐ I am submitting payment for the registration fee of \$50.00.

☐ I am registering the day of the auction and I am submitting the late registration fee of \$100.00.

I declare, under penalty of perjury and the laws of the United States Virgin Islands that all information contained in this Registration Form, and any accompanying documents, are true and correct, with full knowledge that all statements made herein are subject to investigation and that any false or dishonest answer may be grounds for penalties pursuant to the fraudulent claims statute as set forth in 14 V.I.C. § 843.

Bidder Signature: _____

Date: _____

Notes (Staff only):

BIDDER NUMBER ASSIGNED



GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS

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DIVISION OF REAL PROPERTY TAX

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CREDIT CARD AUTHORIZATION FOR AUCTION REGISTRATION

Please print, sign and return this authorization form to our office.

Auction registration receipt will be sent to the email address provided.

Send registration form and payment by e-mail to: paymentplans@lgo.vi.gov,

By Postal Mail: **Office of the Tax Collector 5049 Kongens Gade Charlotte Amalie, VI 00802**

Date: _____

Cardholder Name: _____

Credit Card Type:

VISA

MASTERCARD

Credit Card Number: _____

Expiration Date: _____

Card ID Number (3 digits located on the back of the credit card): _____

Billing Address: _____

Contact Number : _____ Email: _____

Amount to be Charged: (USD)\$ _____

Signature: _____