

STATE OF MARYLAND
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

RECEIPT OF RATIFICATION ORDER FOR FORECLOSURE SALE

COURT:

NAME OF CASE:

CASE #:

DATE OF ORDER:

PROPERTY ACCOUNT NUMBER(S):

OR

PROPERTY ADDRESS:

OWNER OF RECORD PRIOR TO FORECLOSURE:

PURCHASER:

ADDRESS OF PURCHASER:

RECEIPT

Return to: Name _____

Address _____

Phone Number _____

The Supervisor of Assessments for _____ County/City hereby acknowledges receipt of the above described Ratification Order.

Supervisor of Assessments/Designee: _____

Date: _____