

Garden County

Sheri L McCord, Treasurer

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INVESTOR PRE-REGISTRATION FORM

NAME (as on your W9) _____

ADDRESS (Line 1) _____

ADDRESS (Line 2) _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____

PHONE NUMBER _____

FAX NUMBER _____

TAX ID # or SOCIAL SECURITY # _____

MAILING ADDRESS FOR REDEMPTIONS AND CERTIFICATES IF DIFFERENT THAN ABOVE.

NAME _____

ADDRESS (Line 1) _____

ADDRESS (Line 2) _____

CITY _____ STATE _____ ZIP CODE _____

REMARKS: _____
