

# Application for Oversurplus Tax Funds

**SUBMIT TO: STONE COUNTY TREASURER**

**PO BOX 207  
GALENA, MISSOURI 65656  
PHONE 417-357-6131 FAX 417-357-8273**

**Tax Sale Date**

**Tax Certificate Number**

I, , do hereby declare I am the original owner of the below named property sold at a Stone County Delinquent Tax Certificate Sale.

**Map Parcel Number**

**Section**

**Township**

**Range**

**Acres**

**Legal Description**

I request to be paid the oversurplus in the amount of \$

As recorded in the Stone County Collector's Office Tax Sale as per the above named tax sale date and certificate number.

<b>Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>State</b>	<input type="text"/>
<b>Zip Code</b>	<input type="text"/>

**Signature** \_\_\_\_\_

Fill out all red outlined areas prior to submitting to Treasurer.

Please sign this form and return it to Stone County Treasurer - PO Box 207 - Galena MO 65656