

**REQUEST FOR WRITTEN STATEMENT UNDER TEX. TAX CODE § 34.015
REGARDING DELINQUENT TAXES**

****Preparation of written statement will take a minimum of 21 working days from the date Notarized Request is received****

A. Printed name of Requestor: _____ Phone #: _____

B. Mailing address: _____

C. List all property **NOW OWNED** by you in **FORT BEND COUNTY** or in **ANY CITY, SCHOOL DISTRICT OR JUNIOR COLLEGE LOCATED AT LEAST IN PART IN FORT BEND COUNTY** as follows: **complete Form A (see attached)**

D. List all property **FORMERLY OWNED** by you in **FORT BEND COUNTY** or in **ANY CITY, SCHOOL DISTRICT OR JUNIOR COLLEGE THAT IS LOCATED AT LEAST IN PART IN FORT BEND COUNTY** as follows: **complete Form B (see attached)**

E. I **DO NOT CURRENTLY OWN** nor have I **EVER OWNED** property in **FORT BEND COUNTY** or in **ANY CITY, SCHOOL DISTRICT or JUNIOR COLLEGE THAT IS LOCATED AT LEAST IN PART IN FORT BEND COUNTY.**

I HEREBY REQUEST THAT THE FORT BEND COUNTY TAX ASSESSOR-COLLECTOR PROVIDE A WRITTEN STATEMENT UNDER TEX. TAX CODE § 34.015 STATING WHETHER THERE ARE ANY DELINQUENT TAXES OWED BY ME TO FORT BEND COUNTY OR TO ANY CITY, SCHOOL DISTRICT OR JUNIOR COLLEGE LOCATED IN PART IN FORT BEND COUNTY. THE INFORMATION ABOVE FURNISHED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature and title, if applicable of Requesting Person

Date: _____

***Form expires 90 days from this date.*

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS ____ DAY OF _____, 20____, TO CERTIFY WHICH WITNESS MY HAND AND SEAL OF OFFICE.

[Notary seal]

NOTARY PUBLIC, State of Texas

Printed Name: _____

Commission expires: _____