

CARMEN P. TURNER, MPA
Fort Bend County Tax Assessor/Collector
1317 Eugene Heimann Circle, Richmond, Texas 77469-3623
281-341-3710 Fax 832-471-1834

FOR OFFICE USE ONLY: RECEIPT #: _____ PMT TYPE: _____
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TAX CERTIFICATE REQUEST FORM

\$10.00 FEE REQUIRED AT TIME OF REQUEST PER ACCOUNT NUMBER(S)
RESEARCH WILL NOT START UNTIL PAYMENT IS RECEIVED; LIMIT 5 PER SHEET

*NAME/ADDRESS OF _____ *REQUEST DATE: _____
REQUESTOR: _____

*CONTACT PERSON: _____ *PHONE #: _____

*COMPLETED TAX CERTIFICATE TO BE: MAILED PICKED UP

<u>IS THIS TAX CERTIFICATE FOR CLEARANCE OF A PLAT THROUGH FORT BEND COUNTY COMMISSIONERS COURT?</u> <i>If yes, please visit the link below for instructions on requesting a Map Clearance Tax Certificate.</i> https://www.fortbendcountytexas.gov/government/departments/tax-assessor-collector/tax-office-map-clearance-procedures	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>

IN-PERSON DROP OFFS:

-If a Tax Certificate has been issued within the same tax year and no changes have been made we will be able to issue on site; limit for onsite issuance is "5" accounts.
-If there has not been a Tax Certificate within the same tax year or request is more than "5" accounts; your request will be processed in the order of which it was received.

MAIL IN REQUESTS:

Your request will be processed in the order of which it was received.

PLEASE COMPLETE THE INFORMATION BELOW INDICATING EACH ACCOUNT NUMBER

- 1.) ACCOUNT #: _____
CERTIFIED OWNER: _____

- 2.) ACCOUNT #: _____
CERTIFIED OWNER: _____

- 3.) ACCOUNT #: _____
CERTIFIED OWNER: _____

- 4.) ACCOUNT #: _____
CERTIFIED OWNER: _____

- 5.) ACCOUNT #: _____
CERTIFIED OWNER: _____

COMMENTS: _____

