DEWITT COUNTY TAX CERTIFICATE REQUEST FORM

|  |  |
| --- | --- |
| Name of Company: | Date of Request: |
| Contact Person: | Contact Phone: |
| Address: | City/ST/Zip: |

**ACCOUNT NUMBER, PROPERTY ADDRESS, PARCEL OR OWNER**

*Please complete the information below, indicating* ***each account*** *for which a Tax Certificate is requested.*

|  |  |
| --- | --- |
| **1.** | **9.** |
| **2.** | **10.** |
| **3.** | **11.** |
| **4.** | **12.** |
| **5.** | **13.** |
| **6.** | **14.** |
| **7.** | **15.** |
| **8.** | **16.** |

**IF MAILING REQUEST, PLEASE SEND TO:**

**DEWITT COUNTY TA/C**

**PO BOX 489**

**CUERO TX, 77954**

Payment:

The fee for **each** Tax Certificate is **$10.** The certificate will be printed upon receipt of your payment. Make **checks** payable to: **DEWITT COUNTY TA/C**.

Please do not send cash through the mail.

**SIGNATURE OF REQUESTOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **OFFICE USE ONLY**

 **PAYMENT AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TYPE: \_\_\_\_\_ CASH \_\_\_\_\_\_ CHECK \_\_\_\_\_\_ CREDIT/DEBIT CARD**

 **CLERK INITIALS: \_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**