

Albert Uresti, MPA, PCC
OFFICE OF THE BEXAR COUNTY TAX ASSESSOR-COLLECTOR

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

A. Printed name of requesting person/company _____ (max 40 characters)

B. Mailing address _____ Phone _____

C. List all property now owned by you under any name in BEXAR COUNTY or in ANY CITY OR SCHOOL DISTRICT THAT IS LOCATED AT LEAST IN PART IN BEXAR COUNTY as follows:

Tax Acct. No.	Legal Description	Property Address	Date Acquired
1)			
2)			
3)			
4)			

[Attach additional sheet if needed]

D. List all property formerly owned by you under any name in BEXAR COUNTY or in ANY CITY OR SCHOOL DISTRICT THAT IS LOCATED AT LEAST IN PART IN BEXAR COUNTY as follows:

Tax Acct. No.	Legal Description	Property Address	Date Acquired	Date Sold
1)				
2)				
3)				
4)				

[Attach additional sheet if needed]

I HEREBY REQUEST THAT ALBERT URESTI, MPA, PCC DELIVER TO ME AT THE ADDRESS SHOWN ABOVE A WRITTEN STATEMENT UNDER TEXAS TAX CODE 34.015 STATING WHETHER THERE ARE ANY DELINQUENT TAXES OWED BY ME TO BEXAR COUNTY OR TO ANY SCHOOL DISTRICT OR MUNICIPALITY HAVING TERRITORY IN BEXAR COUNTY. THE INFORMATION FURNISHED BY ME ON THE FORM ABOVE IS WITHIN MY PERSONAL KNOWLEDGE AND IS TRUE AND CORRECT. I UNDERSTAND A KNOWING VIOLATION OF THIS LAW IS A CRIMINAL OFFENSE.

Signature and title, if applicable, of Requesting Person

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: _____