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TAX CERTIFICATE REQUEST FORM

FROM: _____ _____ _____ _____ _____ _____ PHONE #: _____ _____	REQUEST DATE: _____ PAID DATE: _____ RECEIPT#: _____ PMT TYPE: _____ ACCOUNT #: _____ ACT 7.0 TAX CERT#: _____
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*** LIMIT ONE LEGAL OR ACCOUNT NUMBER PER REQUEST ***

IS THIS TAX CERTIFICATE FOR CLEARANCE OF A PLAT THROUGH FORT BEND COUNTY COMMISSIONERS COURT?	YES	
	NO	

IS NOTIFICATION REQUIRED IF TAXES ARE CURRENTLY DUE OR DELINQUENT BEFORE TAX CERTIFICATE IS ISSUED?	YES	
	NO	

IS THIS TAX CERTIFICATE REQUEST FOR MOVING A MOBILE HOME?	YES	
	NO	

SUB/DIV: _____
 SECTION # _____ BLOCK # _____ LOT # _____
 ABSTR # _____
 SURVEY: _____
 ACRES: _____

OWNER: _____
 PREV OWNER: _____
 SCHL/DIST: _____

COMPLETED TAX CERTIFICATE TO BE: MAILED PICKED UP

COMMENTS: _____

TYPE:

_____ REAL ESTATE	\$10.00 PER ACCOUNT NUMBER
_____ OIL/GAS	\$10.00 PER ACCOUNT NUMBER
_____ PER/ PROP	\$10.00 PER ACCOUNT NUMBER

STATEMENT: EQUAL EMPLOYMENT OPPORTUNITY STATEMENT:
 FORT BEND COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES