



Research Request Form

Please complete the entire form.

PROPERTY INFORMATION

*Account Number(s):	
Certified Owner:	
Property Address:	

CUSTOMER CONTACT INFORMATION

* Requestor Name:		Email Address:	
* Daytime Phone:		Mobile Phone:	
Mailing Address: (if different from Property Address)			

Please check the one that applies to you and provide the information requested:

*Tax Year(s):	
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Penalty/Interest Issues: (Justify request) **Transfers :** (Payment Corrections, Movement of Funds)

Lost Checks: (Payment Information) **Postmark:** (Date Mailed) **Other:** (Details)

Please describe in detail the type of research you are requesting:

You may attach or fax any additional information to help resolve this matter. Please place the account number and name on all pages.

* Customer Signature: _____ Date: _____

*** Indicates required field.**

Mail information to: **PO Box 4663 Houston, TX 77210-4663**
or fax to: **713-368-2219**
or email to: **tax.office@hctx.net**