Request for Non-Duplication of Subdivision Name

REQUESTOR INFORMATION		
Contact Name:		
Company Name:		
Street:	1	
City:	State:	Zip:
Date:	Email:	
Phone:	Fax:	
SUBDIVISION NAME		
1,		
2.		
3.		
4.		
5		

Please submit your request along with a copy of the plat map and one of the following:

- A copy of the final approved CPC 101 from the City of Houston
- Final jurisdictional authority plat approval (if in other city)
- ETJ and a copy of the Mylar

Fax to: 713-368-2219 or Email: subdivision.name@tax.hctx.net

Call: **713-274-8101** with any questions.