



Request for Replacement Refund Check

Instructions: Please indicate your name, current mailing address, and daytime telephone number in Box 1. Provide the name(s) as shown on the list of outstanding checks. Sign and date the certification and return it to the Tax Office by mail at the below address, or by fax at 713-368-2249. Please call 713-274-8100 with any questions.

Ann Harris Bennett
 Harris County Tax Assessor-Collector
 P.O. Box 4520
 Houston, Texas 77210-4520

Box 1

Information regarding person or company requesting a replacement refund check	
Name	_____
Address	_____ _____
City, State, ZIP Code	_____
Telephone Number	_____

Box 2

Name(s) as shown on the outstanding list	Check Number	Taxpayer Account Number/Vehicle Identification Number	Amount	New Check Number

Certification

By signing below, I hereby certify that I am the person named above and that I am entitled to the replacement refund check requested. The information I have given on this form is true and correct. I understand that any person who makes a false entry upon this record shall be subject to penalties of perjury.

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Signature of Applicant

Date