



Request for Replacement Refund Check Application to Void a Refund Check

This application must be complete and signed by the taxpayer or an authorized representative to be valid. Sign and date the certification and return it to the Tax Office by mail at the address below, by email at taxrefunds@hctx.net, or by fax at 713-368-2249. Please call 713-274-8100 with any questions.

Annette Ramirez
 Harris County Tax Assessor-Collector
 P. O. Box 4520
 Houston, TX 77210-450

Step 1. Refund check void requested by:

Name: _____ Title: _____
 Company name (if applicable) _____
 Telephone: _____ Email: _____

Step 2. Replacement check requested to be reissued as follows:

Name: _____
 Address: _____
 City: _____ State: _____ Zipcode: _____
**Supporting documentation will be required for request to change the refund name in Step 3 below.*

Step 3. Name as shown on outstanding check	Account Number	Check Number	Amount

**Attach a list if more than two checks are being requested.*

Step 4. Select one of the following:

Mail replacement refund check to the above mailing address (in Step 2)
 Transfer this refund to account # _____ Tax year _____
 Transfer this refund to several accounts (please attach a list of accounts)

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 provided is true and correct. **I understand that by making false statement on this form, I shall be subject to penalties of perjury under the Texas Penal Code.**

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Signature of Applicant (Unsigned applications will not be processed)

Date

TAX OFFICE USE ONLY:

Processed by: _____	Date Processed: _____
Approved by: _____	Date Approved: _____
Approved Additionally by: _____	Date Approved: _____