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Step 1. Identify yourself and the property.

This Application must be complete and must be signed by the taxpayer to be valid.

Account number (7 or 13 digits)											Tax year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refund requested by:														
Name <input type="text"/>														
Address <input type="text"/>														
City, State, Zip <input type="text"/>														
Daytime phone #:							Email address:							
Description of the property (legal or street address)														
<input type="text"/>														

Step 2. Who normally pays your property taxes?

This information is needed to assure your refund is made to the proper party.

Please check one of the following:

My mortgage company withholds taxes from my monthly payment.

I pay my property taxes directly.

If you bought or sold this property during the tax year, please complete below:

<input type="checkbox"/>	I bought this property during the tax year.	MONTH/YEAR <input type="text"/>
<input type="checkbox"/>	I sold this property during or after the tax year.	

PLEASE INDICATE NAME OF YOUR MORTGAGE AND/OR TITLE COMPANY

Step 3. Provide the reason for this refund.

Please check one of the following and state reason:

Overpaid the account (explain:)

HCAD exemption or value reduction granted (date of change: / /)

Paid incorrect account (explain:)

Step 4. Provide payment information.

Attach copies of cancelled checks for all payments you made on this account.

Payment made by	Check No.	Date paid	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total amount paid by mortgage company or others			<input type="text"/>
TOTAL AMOUNT PAID (sum of the above amounts)			<input type="text"/>
TOTAL PROPERTY TAX OWED			<input type="text"/>
AMOUNT PAID MINUS AMOUNT OWED			<input type="text"/>

Step 5. How do you want the refund handled?

Please check one of the following:

Mail refund to above mailing address (Step 1)

Transfer this payment to account # _____ tax year _____

Reapply this overpayment to several accounts (Please attach a list of accounts)

Step 6. Sign the form.

Unsigned applications cannot be processed.

By signing below, I hereby apply for the refund of the above-described taxes and certify that 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 fines and/or imprisonment.

SIGNATURE OF TAXPAYER (REQUIRED) <input type="text"/>	DATE <input type="text"/>
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