



## 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: _____
Zipcode:	_____
Telephone:	_____

**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**