



## Request for Non-Duplication of Subdivision Name

REQUESTOR INFORMATION		
Contact Name:		
Company Name:		
Street:		
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.