



**Don Summers**

*Harris County Tax Assessor – Collector*

**REQUEST FOR NON-DUPLICATION OF  
SUBDIVISION NAME LETTER**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**SUBDIVISION NAME (PLEASE PRINT):**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**FAX TO: 713-368-2219**

**or**

**EMAIL: [melissa.jeffers@tax.hctx.net](mailto:melissa.jeffers@tax.hctx.net)**

**Should you have any questions, please call 713-274-8103.**