



Annette Ramirez

Tax Assessor-Collector & Voter Registrar

www.hctax.net

Research Request Form

Please complete the entire form.

PROPERTY INFORMATION

*Account Number(s):	
Certified Owner:	
Property Address:	

CUSTOMER CONTACT INFORMATION

* Requestor Name:		Email Address:	
* Daytime Phone:		Mobile Phone:	
Mailing Address: (if different from Property Address)			

Please check the one that applies to you and provide the information requested:

*Tax Year(s):			
Penalty/Interest Issues: (Justify request) <input type="checkbox"/>	Transfers : (Payment Corrections, Movement of Funds) <input type="checkbox"/>		
Lost Checks: (Payment Information) <input type="checkbox"/>	Postmark: (Date Mailed) <input type="checkbox"/>	Other: (Details) <input type="checkbox"/>	

Please describe in detail the type of research you are requesting:

You may attach or fax any additional information to help resolve this matter. Please place the account number and name on all pages.

* Customer Signature: _____ Date: _____

* Indicates required field.

Mail information to: **PO Box 4663 Houston, TX 77210-4663**
or fax to: **713-368-2219**
or email to: **tax.office@hctx.net**