



Chambers County Tax Office
 Laurie G. Payton, TAC
 Mailing Address - P O Box 519
 Physical Address - 405 South Main Street
 Anahuac, Texas 77514
 (409) 267-2763 Fax (409) 267-8398

REQUEST FOR WRITTEN STATEMENT REGARDING DELINQUENT TAXES
 TEXAS PROPERTY TAX CODE §34.015.

Printed name of requesting person/company (list how ownership will read on deed, max 40 characters)	
Name/Company:	_____
Contact:	_____ Phone: _____
Delivery Preference:	<input type="checkbox"/> Mailing Address: _____
	<input type="checkbox"/> Email Address: _____

List all property NOW OWNED by you under any name in CHAMBERS County or in any city or school district that is located at least in part in CHAMBERS County as follows:		
Tax Account No.:	Property Address:	Legal Description:

[Attach additional sheet if needed]

List all property FORMERLY OWNED by you under any name in CHAMBERS County or in any city or school district that is located at least in part in CHAMBERS County as follows:		
Tax Account No.:	Property Address:	Legal Description:

[Attach additional sheet if needed]

I hereby request the Chambers County Tax Assessor-Collector to provide me with a written statement pursuant to Texas Property Tax Code §34.015. This statement should state whether I have any outstanding taxes to Chambers County or to any school district or municipality within Chambers County. I further acknowledge that upon mailing a completed form and a **\$10.00 processing fee** has been paid, the Tax Assessor-Collector has **10 business days** to respond to my request. I hereby attest that the above information given by me is true and correct, I further understand that under the Texas Penal Code §37.10, falsifying this request is a Class B Misdemeanor. This statement expires on the **90th day** after the date of issuance.

Request Date

Signature of **Requesting Person**

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS ____ DAY OF _____, 20__, TO CERTIFY WHICH WITNESS MY HAND AND SEAL OF OFFICE.

NOTARY PUBLIC, State of Texas

Printed Name: _____

Commission Expires: _____