



Albert Uresti, MPA, PCC

OFFICE OF THE BEXAR COUNTY TAX ASSESSOR-COLLECTOR

REQUEST FOR WRITTEN STATEMENT ABOUT DELINQUENT TAXES FOR TAX FORECLOSURE SALE

General Instructions: This form is for use by a purchaser of property at a tax foreclosure sale under Tax Code Section 34.01 to request a written statement regarding delinquent taxes from the Bexar County Tax Assessor-Collector pursuant to Tax Code Section 34.015. Mail completed form to the Bexar County Tax Office along with a \$10.00 processing fee. Allow up to 10 business days to process the request, certificates will be mailed or e-mailed as indicated below.

Payment should be made payable and mailed to: Albert Uresti, MPA, PCC, Bexar County Tax Assessor-Collector, C/O Assessing Section, P.O. Box 839950, San Antonio TX. 78283-3950.

Pursuant to Tax Code 34.015(n), a person who knowingly violates Tax Code 34.015 commits a Class B misdemeanor offense.

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 <u>now owned</u> by you under any name in Bexar County or in any city or school district that is located at least in part in Bexar County:	
Tax Acct. No. (12 digits)	Property Address

[Attach additional sheet if needed]

List all property <u>formerly owned</u> by you under any name in Bexar County or in any city or school district that is located at least in part in Bexar County:	
Tax Acct. No. (12 digits)	Property Address

[Attach additional sheet if needed]

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

Signature and title, if applicable, of Requesting Person

(Notary Seal)

NOTARY PUBLIC, State of Texas

Printed Name: _____

Commission expires: _____

TAX OFFICE USE ONLY:	FIDO:	10DD: / /	TP 15DD: / /	Clerk:
	Cert QC By:	Date: / /	<input type="checkbox"/> Scanned & Attached	Clerk:
	<input type="checkbox"/> Mailed <input type="checkbox"/> Emailed	Date: / /	Time:	

05/2020