



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. Please submit the completed form to the Bexar County Tax Office in person or by mail along with a \$10.00 processing fee. Fax and e-mail requests will not be accepted. Make checks payable to Albert Uresti, MPA, PCC, Tax Assessor-Collector. Allow up to 10 business days to process request.

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)

Mailing Address/Contact Information/Delivery Preference

Mailing Address _____

Contact _____ Phone _____ Mail Certificate to address Pick up at Tax Office

List all property now owned 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. If you do not own property in Bexar County indicate "None" in the Property Address section.

Tax Acct. No. (12 digits)	Property Address

[Attach additional sheet if needed]

List all property formerly owned 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. If you have never owned property in Bexar County indicate "None" in the Property Address section.

Tax Acct. No. (12 digits)	Property Address

[Attach additional sheet if needed]

Signature and title, if applicable, 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 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"/> Contacted by Phone <input type="checkbox"/> Message left <input type="checkbox"/> Mailed		Date: / /	Time: