



# Albert Uresti, MPA, PCAC

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, PCAC, 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]

\_\_\_\_\_  
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<br>OFFICE<br>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:                                       |        |

10/2021