



Tax Certificate Request Form

| | |
|------------------|-------------------------|
| Name of Company: | Request date: |
| Address : | Contact Name & Number : |

PROPERTY ACCOUNT NUMBER

Please complete the information below, indicating **each account** for which a Tax Certificate is requested.

| | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Mail or bring your request into the office your request along with payment to:

Spring ISD Tax Office
PO Box 90458
Houston, TX 77290-0458

Payment

The fee for each Tax Certificate is **\$10**. Make **checks** payable to: **Spring ISD Tax Office**.

Processing Time

Your request will be processed in the order in which it was received. Normal processing time, once we receive your request, is within 1-2 days.

**** OUR OFFICE WILL CONTACT YOU UPON COMPLETION OF PROCESSING****

Delivery

You may request to have the Tax Certificate mailed to you, or you may pick it up at our location:
Spring ISD Tax Office
420 Lockhaven Drive
Houston, TX 77073