

OFFICE USE ONLY

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Refund Maint: _____

Account # _____

Ck Date: _____

Money File: _____

Ck # _____

Listed: _____

MONTGOMERY COUNTY

OFFICE OF

J. R. MOORE, JR.

TAX ASSESSOR AND COLLECTOR

400 N SAN JACINTO ST

CONROE TEXAS 77301

Tax Collection 936-539-7897

Accounting 936-539-7809

Auto License Dept 936-539-7896

Application for Tax Refund

In order to apply for a tax refund, the following information must be provided:

NAME ON TAXROLL: _____

ADDRESS: _____ LEGAL DESCRIPTION: _____

CITY: _____ STATE: _____ ZIP: _____

Mortgage company and/or tax service: _____

REFUND PAYABLE TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

TAX YEAR(S) OF REFUND REQUESTED: _____

AMOUNT OF REFUND: _____ REASON FOR REQUESTING: _____

I HEREBY APPLY FOR THE REFUND OF THE ABOVE DESCRIBED TAXES AND CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE CORRECT. Any person who makes a false entry upon the foregoing record shall be subject to one of the following penalties: Imprisonment of not more than 10 years nor less than 2 years and/or a fine of not more than \$5,000.00 or both such fine imprisonment; (2) Confinement in the jail for a term up to 1 year or a fine not to exceed \$2,000.00 or both such fine imprisonment as set forth in section 37.10 State Penal Code.

SIGNATURE: _____ DATE: _____

PRINTED NAME OF SIGNATURE: _____

Please attach the following items with your application form:

ORIGINAL receipt for each year requested

Copy of cancelled check or checks (front and back)

If original receipts are not available, complete the following affidavit.

COUNTY OF _____, STATE OF TEXAS

Before me, the undersigned authority, _____ personally appeared and know/proved to me, who being by me first duly sworn, stated on his/her oath as follows:

My name is _____. I reside at _____ and my telephone number is _____

On _____, I issued a check in the amount of \$ _____ which was credited to account number(s) _____

I do hereby demand refund of above amount. I do not have a validated tax receipt for the taxes paid and I am unable to obtain a copy of the validated tax receipt for the following described property: _____

I hereby agree to indemnify and hold harmless Montgomery County, Texas and/or Montgomery County Tax Assessor-Collector for an loss that may result to either or both because of any superior claim to this refund.

Signature

SUBSCRIBED AND SWORN BEFORE ME this ____ day of, _____ 20_____.

Notary Public in and for the State of Texas

DETERMINATION FOR TAX REFUND: APPROVED ___ DISAPPROVED ___ DATE _____

AUTHORIZED OFFICER FOR GOVERNING BODY

TAX ASSESSOR-COLLECTOR

COUNTY AUDITOR

BY: _____ DEPUTY