

TAX CERTIFICATE REQUEST FORM

Contact Person:	Date of Request:
Contact Phone:	Name of Company:

ACCOUNT NUMBER, PROPERTY ADDRESS OR LEGAL DESCRIPTION

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

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Mail information to: 1918 Key Street Waller, Texas 77484 Or Email to: <u>dreyesjauregui@wallerisd.net</u> or <u>rknebel@wallerisd.net</u>.

Payment

The fee for each Tax Certificate is **\$10**. The certificate will be printed upon receipt of your payment. Make checks payable to: **Waller ISD Tax Office**. Please do not send cash through the mail.

Processing Time

Your request will be processed in the order in which it was received. Processing time, once we receive your request, is 10 business 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 main location: Waller ISD Tax Office

1918 Key Street Waller, TX 77484

www.wallerisd.net