



DALLAS COUNTY TAX OFFICE
JOHN R. AMES, PCC, CTA
TAX ASSESSOR/COLLECTOR

REQUEST FOR WRITTEN STATEMENT UNDER TEX. TAX CODE §34.015 REGARDING DELINQUENT TAXES

Requesting Person/Company: _____

Mailing Address & Telephone Number: _____

Per Sec 34.015, The Dallas County Tax Office relies on the information provided by the requestor to sufficiently identify properties owned by the requestor. Written Statements are issued with the most current information available. All accounts are subject to change.

Purpose of Written Statement (check one): ☐ Sheriff's Sale or ☐ Business/City Permit

1. Identify all real property owned by you which is situated, in whole or in part, in Dallas County: (attach additional accounts on separate page if necessary):

<u>Tax Acct. No.</u>	<u>Legal Description</u>	<u>Property Address</u>	<u>Date Acquired</u>
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1)

2)

3)

4)

2. With respect to any of the real property you identified above, is any of the property situated, in whole or in part, in any of the following cities/school districts? If so, indicate the jurisdiction(s):

☐ Garland/Garland ISD	☐ Irving ISD	☐ City of Combine
☐ Richardson ISD	☐ Mesquite/Mesquite ISD	☐ Ferris/Ferris ISD
☐ Carrollton/Farmers Branch ISD	☐ City of Ovilla	☐ City of Grapevine
☐ City of Lewisville	☐ City of Wylie	

3. Identify all real property previously owned by you in Dallas County (attach additional accounts on separate page if necessary):

<u>Tax Acct. No.</u>	<u>Property Address</u>	<u>Date Acquired</u>	<u>Date Sold</u>
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1)

2)

3)

I hereby request that the Dallas County Tax Assessor-Collector provide to me a Written Statement under Tex. Tax Code§34.015 stating whether there are any delinquent taxes owed by me to Dallas County or to any school district or municipality having territory in Dallas County. I hereby certify under oath and penalty of perjury that the foregoing information is true and correct and being provided by me as a truthful representation of these facts.

Payment of \$10.00 per Written Statement, payable to **John R. Ames**, must accompany this form. Payment is required before Written Statement will be issued.

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 Public, State of Texas

Printed Name: _____

Commission Expires: _____

{Notary Seal}

Mission Statement

Provide Dallas County Citizens with Excellent Service using Innovative Technology to Ensure Quality Collections.

Records Building ♦ 500 Elm St., Suite 1200 ♦ Dallas, TX 75202 ♦ 214-653-7811