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

CITY OF EL PASO TAX OFFICE P.O. BOX 2992 EL PASO, TEXAS 79999-2992

A. Printed name of req	uesting person/company:			_
City	State	Zip Code		
C. Phone No.: (State	1		
	<u>w owned</u> by you in EL PASO CC			is located at least i
Tax Acct No.	Legal Description	Property Address	Date Acquired	
[Attach additional sheet	t if needed]			
1 1 2	merly owned by you in EL PASCO COUNTY as follows:	OCOUNTY or in ANY CITY C	OR SCHOOL DISTRICT t	hat is located at
Tax Acct No.	Legal Description	Property Address	Date Acquired	Date Sold
[Attach additional sheet	t if needed]			
A WRITTEN STATEMED BY ME TO EL PASO CO HAVING TERRITORY I	HAT THE CITY/COUNTY TAX AS NT UNDER TEX. TAX CODE § 34 DUNTY OR TO ANY SCHOOL DIS N EL PASO COUNTY. THE INFO GE AND IS TRUE AND CORRECT	.015 STATING WHETHER THER TRICT, MUNICIPALITY, WATE RMATION FURNISHED BY ME	RE ARE ANY DELINQUEN ER DISTRICT, OR OTHER J	T TAXES OWED URISDICTION
		Signature and title, if applical	ble, of Requesting Person	
	BSCRIBED BEFORE ME, THE			Y OF
		NOTARY PUBLIC, State of Texas		
[Notary Seal]		Printed Name:		
		Commission expires:		