

PLEASE PRINT

## Cheryl E. Johnson, PCC Assessor and Collector of Taxes

Galveston County Courthouse, 722 Moody, Galveston, Texas 77550 Toll Free (877) 766-2284 Fax (409) 766-2479 galcotax@co.galveston.tx.us



## APPLICATION FOR UNCLAIMED REFUND

**INSTRUCTIONS:** Please print all information requested and sign application. Attach documentation. Mail (GCTO UNCLAIMED REFUND, PO Box 1169, Galveston, Texas 77553), fax (409-766-2479) or scan and email (Refunds@co.galveston.tx.us).

Application and documents may also be deposited in any GCTO yellow drop box located at all full time locations (722 Moody in Galveston, 174 Calder Drive in League City, 11730 Highway 6 in Santa Fe and 2516 Texas Avenue in Texas City) or in the GCTO black drop box at Friendswood City Hall.

		1 1	r			
City of				County during the years		
In order to vali validating my o	date this clain wnership duri	n, attached is docu	umentation me icated above.	eting or exceedin By signing this ap	g the requirement oplication for ref	period of ownership ents indicated belov fund, I affirm unde and correct.
My name is			Last	, my date of birth is		
and my address						
and my address		Street		City	State	Zip Code
Signature				Date		

**Acceptable Documentation**: copy of deed or deed of trust, will, utility bill, voter registration certificate, Texas drivers license or Texas ID or other document that includes the address of the property that is the subject of this application for the years shown.