

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

Galveston County Courthouse, 722 21st Street, Galveston, Texas 77550 Toll Free (877) 766-2284 Fax (409) 766-2479 galcotax@galvestoncountytx.gov



RETURN OF VEHICLE REGISTRATION RENEWAL OR TITLE APPLICATION

Owner Name:		_			
Address:				ount of Check: \$	
ADDITIO	ONAL INFOI		OR FEES NEEDE		
We are unable to process your tran	saction for the	following	reason:		
Incorrect payment amount Amounts on check do not n Check is not signed (please Check should be made paya Corrections made to check a TxDMV system reflects region	natch and write sign and return able to GCTO (and our bank v	ten amount in enclosed e (please submi vill not acce	insufficient (please sunvelope along with the t check with proper pa pt (please submit ano	ibmit a new check – see above) is form) yee) ther check for processing)	
Additional information is needed: Proof of insurance Proof of inspection Authorization required:	Validato	e that citatio No citation		n issued for expired registration: sued (see amount to remit above)	
I authorize my vehicle.			to purchase t	the title and/or registration for	
Signature of owner				Date	
Signatures or Information Require	d To Complet				
Seller to sign Buyer to sign Other:		Correct oc	lometer reading	Vehicle inspection report Proof of insurance	
Verify	and	are one and the same person/organization:			
Signature of person v Fees Required & Amount:	verifying		_	Date	
Registration fee Delinquent trans 6.25% sales tax Delinquent sales Inspection fee		Tota			
GCTO Deputy First Name & Deputy #: Branch Management Approval:				Oate:	