



**GC Tax Services**  
Tax Assessor/Collector Charlene Piggott, RTA, CSTA

**RESEARCH REQUEST FORM**

**Please complete entire form:**

Mail information to: P. O. Box 2805, Baytown, TX 77522, or fax to 281-420-4999.

Account Number(s): \_\_\_\_\_  
(required)

Taxpayer/Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address (Property Location): \_\_\_\_\_  
(if different from mailing address)

Telephone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Tax Year(s) Required: \_\_\_\_\_

Please describe the item you are requesting to be researched:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may attach or fax/email any additional information to help resolve this matter. Please place the account number and name on all pages.

Customer Signature Required: \_\_\_\_\_

Date: \_\_\_\_\_