



GC Tax Services

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: _____