

Tax Certificate Request Form

Name of Company: _____ Date of Request: _____

Contact Person: _____ Contact Phone: _____

ACCOUNT NUMBER, PROPERTY ADDRESS OR LEGAL DESCRIPTION

Please complete the information below, indicating **each account** for which a Tax Certificate is requested.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Mail information to: **PO Box 158 Leakey, TX 78873**
or fax to: **830-232-4168**
or email to: taxrequest@realcad.org

Payment

The fee for each Tax Certificate is **\$10**. The certificate will be printed upon receipt of your payment. Make checks payable to: Leakey ISD Tax Office or Nueces Canyon ISD Tax Office or City of Camp Wood Tax Office depending on which entity you are requesting.

Processing Time

Your request will be processed in the order in which it was received. Normal processing time, once we receive your request, is 2-3 business days but we do have up to 10 days to respond to your request.

****** OUR OFFICE WILL CONTACT YOU UPON COMPLETION OF PROCESSING ******

Delivery

You may request to have the Tax Certificate mailed to you, or you may pick it up at our main location:

**REAL CENTRAL APPRAISAL DISTRICT OFFICE
763 S HWY 83
LEAKEY, TEXAS 78873**