



TOMBALL INDEPENDENT SCHOOL DISTRICT
P.O. BOX 276
TOMBALL, TEXAS 77375-0276
PH: 281-357-3100 (Option 1)
Email: taxoffice@tomballisd.net
www.tomballisd.net

APPLICATION FOR SCHOOL TAX REFUND

Please complete all the steps on this form. Incomplete applications cannot be processed.

STEP 1:

REFUND INFORMATION:

ACCOUNT NUMBER	AMOUNT	TAX YEAR(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT OF REFUND: _____

STEP 2:

IDENTIFY YOURSELF:

Refund requested by:(Company or Individual)

Name: (please print) _____

Mailing Address _____

City, State Zip: _____

Ownership name on tax roll (only if different than above):

STEP 3:

PROPERTY LEGAL DESCRIPTION:

(Subdivision name, lot, and/or tract number): _____

(If acreage, tract number & survey name): _____

By signing below, I hereby apply for the above-described taxes and certify that the information I have given on this form is true and correct. I understand that any person who makes a false entry upon this record shall be subject to fines and/or imprisonment.

Signature (required)

Date