



**Humble Independent School District
Tax Office
P.O. Box 2000, Humble, Texas 77347
20200 Eastway Village Drive, Humble, Texas 77338
281-641-8190**

Sworn Affidavit

Account Number(s) _____

Legal Description _____

I, _____ do solemnly swear that I paid and/or mailed to the correct address the above said 20____ property taxes for the account in question on or before _____ with Check # _____.

I understand the reason I am asking for this is to obtain a waiver of Penalty & Interest to which I would otherwise not be entitled. I also understand that future waivers caused by these circumstances will not be accepted by Humble ISD unless the tax payment was mailed via Certified Mail Return Receipt Requested.

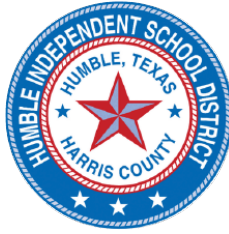
I fully understand that any person who knowingly makes a false entry in the foregoing Governmental Records commits an offense punishable by confinement in the Texas Department of Corrections for any item, of not more than Ten (10) years of less than Two (2) years and may be punished in addition to the imprisonment with a fine not to exceed \$ 5000.00; or confinement in jail for a term not to exceed One (1) year or a fine not to exceed \$ 2000.00 or both such fine and imprisonment as set forth in the Texas Penal Code Sec 12.21, 12.34, 37.10 Vernon 1974.

Signature _____ **Date** _____

Before me, the undersigned authority, on this day personally appeared the affiant who, being by me first duly sworn did in his oath depose and that all of the facts set out in the following affidavit are true and represent the whole truth of the tax payment and of this claim.

SWORN TO AND SUBSCRIBED BEFORE ME, THIS ____ DAY OF _____, 20__.

**Notary Public in and for the
The State of Texas My
Commission Expires _____.**



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Date _____

To: _____

Dear Taxpayer:

REQUIRED DOCUMENTATION FOR CHECKS WHICH WERE LOST IN THE MAIL OR PAYMENTS POSTED WITH INCORRECT EFFECTIVE DATES.

The following documentation is required for taxpayers whose check was lost in the mail or claim that a payment was posted with an incorrect effective date.

- 1. A copy of the front of check if you use duplicate checks and a copy of bank statement showing funds available for date and check number in question.**
- 2. A notarized affidavit stating that the check was mailed as required by law to accommodate a timely posting effective.**
- 3. A replacement check if the check was lost in the mail.**
- 4. A copy of Stop Payment request on the lost check. If you do not stop payment on the original check, we cannot guarantee that the original check will not be deposited. If your original check shows up after you stop payment, a \$5 returned item fee will be assessed.**
- 5. Requests for corrections on the effective date of a payment or for replacing a lost check must be made within 30 days of receiving a delinquent notice.**

Thank You,

Tax Assessor/Collector