



**NO TAX DUE CERTIFICATE REQUEST FORM**

Date of Request:

City of Houston Tax ID #:

\_\_\_\_\_

\_\_\_\_\_

**I. HOTEL INFORMATION**

Name of Hotel/Motel/Lodging

Property Address of Hotel/Motel/Lodging

Name of Current Owner

\_\_\_\_\_

**II. INFORMATION REQUEST**

**REQUESTOR INFORMATION:**

Name:

Address:

Email Address:

Telephone Number:

Does this transaction involve the sale of a hotel? (yes or no) \_\_\_\_\_

• If You Answered "Yes", please identify the estimated sale date and the parties involved in the hotel property sale:

Parties Involved

Estimated Sale Date

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

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

**REASON(S) FOR CERTIFICATE REQUEST:**

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

Certificate or response should be sent to the following individual:

Preferred Method of Communication

Signature of Requestor: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_