



Cheryl E. Johnson
Tax Collector/Assessor
Motor Vehicle 409.766.2285
FAX 409.765.3283



APPLICATION FOR A COPY OF MOTOR VEHICLE REGISTRATION

 License Plate Number

 Registered Owners Name

 Address

Check here if this an
 address change

 City

TX

 State

 ZIP

By signing below, I authorize Galveston County Tax Office to release a copy of my vehicle registration to Galveston Central Appraisal District for the purpose of obtaining a homestead exemption.

 Signature of Registered Owner or Spouse

 Date

Please return this form along with the above mentioned vehicle registration to:

 Galveston Central Appraisal District Signature

 Date

FAX: 409-935-5505

Email: gcad@galvestoncad.org

Deliver to GCAD on next run date

Mail to customer at above address