



Cheryl E. Johnson, PCC
Assessor and Collector of Taxes
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RETURN OF VEHICLE TITLE APPLICATION OR REGISTRATION RENEWAL

Owner Name: _____

Vehicle Year & Mfg: _____

Address: _____

Plate or Vin #: _____

Check # _____ Amount of Check: \$ _____

ADDITIONAL INFORMATION OR FEES NEEDED TO COMPLETE REGISTRATION RENEWAL

☐ **We are unable to process your transaction for the following reason:**

- _____ Incorrect payment amount (please remit the following amount \$ _____)
- _____ Check is not signed (please sign and return in enclosed envelope along with this form)
- _____ Check should be made payable to GCTO (please submit check with proper payee)
- _____ Written & numerical amounts on check do not match (please submit a new check in amount shown above)
- _____ Corrections made to check and our bank will not accept (please submit another check for processing)
- _____ TxDMV system reflects registration is not due at this time.

☐ **Additional information is needed:**

- _____ Proof of insurance _____ Validate that citation/ticket has not been issued for expired registration:
- _____ Proof of vehicle inspection ☐ No citation ☐ Citation issued (see amount to remit above)

☐ **Authorization required for purchase of registration:**

I authorize _____ to purchase the registration for my vehicle.

Signature of owner

Date

ADDITIONAL INFORMATION OR FEES NEEDED TO COMPLETE TITLE TRANSACTION

☐ **Signatures or Information Required To Complete Title Transfer:**

- _____ Seller to sign lines 34 and 35 _____ Correct assignment date _____ Vehicle inspection report
- _____ Buyer to sign lines 36 and 37 _____ Correct odometer reading _____ Proof of insurance
- _____ Other: _____
- _____ Verify _____ and _____ are one and the same person/organization:

Signature of person verifying

Date

☐ **Fees Required & Amount:**

- _____ Registration fee ☐ \$33.00 Title application fee
- _____ Delinquent transfer penalty ☐ \$2.50 Transfer fee
- _____ 6.25% sales tax ☐ Other _____
- _____ 5% delinquent sales tax penalty _____
- _____ 10% delinquent sales tax penalty **Total Due: \$** _____

Customer Service Rep First Name & Deputy #: _____ Date: _____

Branch Manager/Customer Service Specialist Approval: _____ Date: _____ Branch Originated: _____