

Galveston County, Texas (05/08)

COUNTY FUNDS INDEMNIFICATION REQUEST FORM

TO BE COMPLETED BY DEPARTMENT

Official's Name Cheryl E. Johnson	Current Date 1/5/2026	Amount of Loss 20.00
Department/Division Name Galveston County Tax Office	Date of Loss 12/15/2025	Police Report Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Commissioners Court Galveston County, Texas</p> <p>Local Government Code §157.903 authorizes the commissioners court of a county by order to provide for the indemnification of an elected or appointed county officer against personal liability for the loss of county funds, or loss of or damage to personal property, incurred by the officer in the performance of official duties if the loss was not the result of the officer's negligence or criminal action. Therefore, I respectfully request Commissioners Court to approve this indemnification request and authorize the Galveston County Auditor to charge off the above amount of County funds or property, which have been determined to be missing or stolen.</p>		

Cause for Loss (Attach additional sheet if necessary)

The loss was discovered by the Bank during the deposit processes.

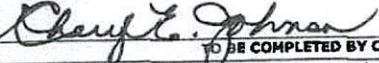
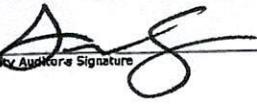
Current Internal Controls (Attach additional sheet if necessary)

Detection by deputies is required by policy and in conformance with US Secret Service training and procedure. Information is collected from customers at detection and provided to the Accounting Department.

Additional Controls Implemented to Prevent Future Losses (If applicable) (Attach additional sheet if necessary)

Action Taken to Recover Funds (Attach additional sheet if necessary)

Indemnification request

Signed By Cheryl E. Johnson	Title Galveston County Tax Assessor Collector
Official's Signature 	Date 1/05/2025
TO BE COMPLETED BY COUNTY AUDITOR	
<p>Based upon the Auditor's office review, the above listed loss amount being requested for indemnification:</p> <p><input checked="" type="checkbox"/> DOES appear to be accurate.</p> <p><input type="checkbox"/> DOES NOT appear to be accurate. Based upon our review, the loss amount is</p> <p> 1/5/26 Date</p>	
<p>After review of the circumstances, the Auditor's office recommends:</p> <p><input type="checkbox"/> Indemnification</p> <p><input type="checkbox"/> Not Indemnifying</p>	

ACCOUNT CODING TO BE USED				
	GL	JL	AMOUNT	CHECK or JOURNAL ENTRY
DR				
CR				

TO BE COMPLETED BY COMMISSIONERS COURT

Indemnification APPROVED NOT APPROVED by Commissioners Court

Signed By

County Judge's Signature

Date



