

**GUADALUPE APPRAISAL DISTRICT
MAILING ADDRESS CHANGE REQUEST**

Seguin Office (Main)

3000 N. Austin Street
Seguin, TX 78155
830.372.2871 or 830.303.3313 Opt. 1
FAX: 830.372.2874

Email Address: gadprotest@guadalupead.org

Schertz Substation

1052 FM 78 * Ste. 103
Schertz, TX 78154
830-303-3313 Opt. 2
FAX: 877.254.0888

psaschertz@guadalupead.org

PLEASE LIST ALL ACCOUNTS YOU WOULD LIKE CHANGED

GEO ID# (s): _____

PID # (s): _____

Legal Description (s): _____

Property Owner's Name: *(PLEASE PRINT)* _____

New Mailing Address: _____

Daytime Phone #: _____ (Cell #) _____

E-Mail Address *(optional)*: _____

Property Physical Address: _____

Previous Mailing Address: _____

Due to this address change request, if the above referenced property is your Residential Homestead, please complete the following:

Is the above referenced property still your primary residence? YES NO

If yes, please complete an updated Homestead application, and attach. Please be advised if you are completing this at an office other than the Guadalupe Appraisal District to update the mailing address only, and answer Yes to the question above concerning your primary residence and an updated homestead application is not attached, you will receive via US mail a request to complete an updated Homestead application. Failure to submit the updated homestead exemption application with the Guadalupe Appraisal District may result in loss of exemptions.

If no, please fill in the date this property ceased being your primary residence (Month/Day/Year) & complete a Request of Cancellation of Exemptions form.

The above information will be used for determining continued qualification for the residential homestead exemption for property tax purposes.

Any person who knowingly makes a false statement on this request shall be subject to the penalties of a Class A misdemeanor or a felony of the third degree as set forth in Section 37.10 of the Texas Penal Code. I solemnly swear or affirm that the above information is true and correct to the best of my knowledge and officially request these changes to be made.

Signature of Property Owner/Agent

Date:

Received by: G.A.D. Staff Name

Printed Name of Property Owner/Agent