

GUADALUPE APPRAISAL DISTRICT



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 Schertz, Texas 78154
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REQUEST FOR CANCELLATION OF EXEMPTIONS/DEFERRALS/CONFIDENTIALITY

_____ IN OFFICE _____ BY MAIL/E-MAIL _____ FACSIMILE (FAX)

Account Number/PID: _____ Property Address: _____

Owner of Record: _____ REQUESTOR*: _____
 PRINT ABOVE

*The person (s) listed above hereby request that the exemption(s) for the above account(s) be cancelled according to Section 11.43(i) of the Texas Property Tax Code. The Guadalupe County Tax Office shall collect the estimated taxes based on the correction of prior year appraisal rolls, if applicable. *If Requestor is not the legal owner of the property, authorizing document giving Requestor legal authority to act on behalf of the legal owner is required, please attach documentation.

TYPE OF EXEMPTION	YEAR /DATE CANCELLATION REQUEST EFFECTIVE
HOMESTEAD (HS)	CANCEL FOR YEAR(S): _____
DISABLED PERSONS (DP) thru SS or Physician's Letter	CANCEL FOR YEAR(S): _____
DISABLED VETERAN HOMESTEAD (DVHS) (DVHSS)	CANCEL EFFECTIVE DATE: ___/___/___
DISABLED VETERAN (Section 11.22)	CANCEL FOR YEAR(S): _____
HOMESTEAD OVER 65	CANCEL FOR YEAR(S): _____
OVER 55 SURVIVING SPOUSE	CANCEL FOR YEAR(S): _____
DEFERRALS- 65 or DP (Circle)	CANCEL FOR YEAR(S): _____
REQUEST FOR CONFIDENTIALITY	CANCEL FOR YEAR(S): _____

REASON FOR CANCELLATION:

The person(s) referenced above further waives their right to protest this cancellation under the provisions of Chapter 41, of the Texas Property Tax Code, and waives the requirements of written notification of the cancellation by the Guadalupe Appraisal District.

DATE MOVED OUT: _____

KEEPING PROPERTY: YES NO

 OWNER (S) / REQUESTOR SIGNATURE

 DATE

 OWNER(S) MAILING ADDRESS (FOR TAX PURPOSES ONLY)

 DAYTIME TELEPHONE NUMBER

 CITY STATE ZIP

 EMAIL

 PUBLIC SERVICE ASSISTANT'S INITIALS

PLEASE NOTE: THE MAILING ADDRESS FOR THIS ACCOUNT WILL BE UPDATED PER THIS REQUEST