

GUADALUPE APPRAISAL DISTRICT



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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

- HOMESTEAD (HS)
- PERSON AGE 65 OR OLDER (OR SURVIVING SPOUSE)
- 100% DISABLED VETERAN HOMESTEAD (DVHS) (DVHSS)
- DISABLED VETERAN (Section 11.22)
- DISABLED PERSONS (DP) thru SS or Physician's Letter
- TAX DEFERRALS 65 or DP (Circle)
- REQUEST FOR CONFIDENTIALITY
- OTHER

YEAR /DATE CANCELLATION REQUEST EFFECTIVE

- CANCEL FOR YEAR(S): _____
- CANCEL FOR YEAR(S): _____ **Tax Cert** YES NO
- CANCEL EFFECTIVE DATE: ___/___/___
- CANCEL FOR YEAR(S): _____
- CANCEL FOR YEAR(S): _____
- CANCEL FOR YEAR(S): _____
- CANCEL FOR YEAR(S): _____
- 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 PROPERTY CEASED BEING PRIMARY RESIDENCE: _____

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

2/18/2022