

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

YEAR /DATE CANCELLATION REQUEST EFFECTIVE

- | | |
|--|---|
| <input type="checkbox"/> HOMESTEAD (HS) | CANCEL FOR YEAR(S): _____ |
| <input type="checkbox"/> PERSON AGE 65 OR OLDER (OR SURVIVING SPOUSE) | CANCEL FOR YEAR(S): _____ Tax Cert Needed YES NO |
| <input type="checkbox"/> 100% DISABLED VETERAN HOMESTEAD (DVHS) (DVHSS) | CANCEL EFFECTIVE DATE: ___/___/___ |
| <input type="checkbox"/> DISABLED VETERAN (Section 11.22) | CANCEL FOR YEAR(S): _____ |
| <input type="checkbox"/> DISABLED PERSONS (DP) thru SS or Physician's Letter | CANCEL FOR YEAR(S): _____ |
| <input type="checkbox"/> TAX DEFERRALS 65 or DP (Circle) | CANCEL FOR YEAR(S): _____ |
| <input type="checkbox"/> REQUEST FOR CONFIDENTIALITY | CANCEL FOR YEAR(S): _____ |
| <input type="checkbox"/> OTHER | 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