

GUADALUPE APPRAISAL DISTRICT



Main Office

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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 requests 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: ____/____/____ MM/DD/YY

CANCEL FOR YEAR(S): _____

CANCEL FOR YEAR(S): _____ **Tax Cert:** YES / NO

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 _____

**** IF REMOVING EXEMPTION(S) FOR A CERTIFIED YEAR, PLEASE BE ADVISED THAT A SUPPLEMENTAL TAX BILL WILL BE ISSUED FROM THE APPROPRIATE TAX OFFICE(S) ****

SIGNATURE: _____

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

6/16/2025