THE STATE	OF	TEXA	S
COUNTY OF	BR	AZOF	RIA

BCAD ACCOUNT	
TAX YEAR	

AFFIDAVIT OF FACTS

I, do solemnly swear (or affirm) that the information given below is true and correct to the best of my knowledge.				
morniation given below to true and correct to	the best of my kno	wicago.		
ATTECTAT	ION			
ATTESTAT	<u>ION</u>			
I, (printed name of person making affidavit)	rized to administer oaths ur	nder the laws of this State,		
Sworn and subscribed to before me, the undersigned authority this	day of	. 20		
	Signature Property Owner/Affiant			
[SEAL]				
	Printed name & Title of Aff	iiant		
NOTARY PUBLIC, STATE OF				
NOTARY PRINTED NAME				
MY COMMISSION ENDS				