



Combine/Split/Change Request

BRAZORIA COUNTY APPRAISAL DISTRICT 500 N CHENANGO ST ANGLETON TX 77515-4650
(t) (979) 849-7792 (f) (979) 849-7984 <http://www.brazoriacad.org> help@brazoriacad.org

REAL PROPERTY ACCOUNTS

You may use this form to request a combine, split, or a change on a real property account. After completing the form, mail or hand-deliver it to the Brazoria County Appraisal District at the address above. If you are hand-delivering this form, bring it to our Mapping Department located on the 1st floor of the building. If you have any questions, please contact us by phone or email.

| | | |
|------------------------------------|---|--------------------------------------|
| 1 Type of Request | PLEASE PRINT OR TYPE ALL INFORMATION | |
| | <input type="checkbox"/> Combine _____ | <input type="checkbox"/> Split _____ |
| | <input type="checkbox"/> Ownership Change * | <input type="checkbox"/> Other _____ |

**For changes in ownership, copy of deed or other evidence of title _ gef TV&ffSLZV to this form. (e.g. will, death cert. etc.)*

| | | |
|--------------------------------------|------------------------------------|----------|
| 2 Identify Property | Property ID(s) or Geographic ID(s) | Tax Year |
| | | |

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| 3 Ownership Information | Owner's Name | |
| | Mailing Address | |
| | City | State Zip Code |
| | Phone Number <i>(area code and number)</i> | Email Address |

| | | |
|---|---------------------------|--------------------------------------|
| 4 Property Description | Legal Description | Purchase Date <i>(if applicable)</i> |
| | | Grantor |
| | Property Location Address | Acreage |
| | City | State Zip Code |

| | |
|----------------------|--------------------------|
| 5 5a__ Wfe | <input type="checkbox"/> |
|----------------------|--------------------------|

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|--------------------------------|---|-----------------------------|
| 6 Affirmation | I am the owner of the property described above and request the Brazoria County Appraisal District to correct its records to reflect the information listed above. | |
| | Signature | Date |
| | Printed Name | Received By (BCAD Employee) |

NOTICE REGARDING PENALTIES FOR MAKING OR FILING AN APPLICATION CONTAINING A FALSE STATEMENT: If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Section 37.10, Penal Code. Your signature on this application constitutes a sworn statement that you have read and understand the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.