

REAL PROPERTY CORRECTION REQUEST/MOTION

ACCOUNT NUMBER:



THE BRAZORIA COUNTY APPRAISAL DISTRICT
 500 N CHENANGO ST ANGLETON TX 77515-4650

(979) 849-7792 Telephone
 (979) 849-7984 Facsimile
<http://www.brazoriacad.org>

STEP 1:
 Owner's information and property identification

Owner's Name (person completing application)	Phone (area code and number)
Mailing Address	Email Address
City, Town or Post Office, State, ZIP Code	Agent's Name and Code (if applicable)

STEP 2:
 Correction information: (Briefly state the error to be corrected in the appraisal roll and reason(s) for doing so)

Tax Year(s) (year(s) to be corrected)	<input type="checkbox"/> 2022 <input type="checkbox"/> 2021 <input type="checkbox"/> 2020 <input type="checkbox"/> 2019 <input type="checkbox"/> 2018 <input type="checkbox"/> 2017
Correction Type (mark appropriate box)	<input type="checkbox"/> Clerical, mathematical, computer, transcription error* <input type="checkbox"/> Multiple appraisal with account(s) <input type="checkbox"/> Property not located at address shown on roll <input type="checkbox"/> Error in name/address/property description <input type="checkbox"/> Over-appraised by more than 1/4 for HS or 1/3 for all other** <input type="checkbox"/> Agreed motion between chief appraiser & property owner**
Explanation (state reasons for the correction below and attach any supporting documentation*)	<p>Payment of Taxes (mark appropriate box)</p> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Property taxes due for each year in question have not become delinquent and the property owner has complied with Section 25.26 of the Texas Property Tax Code and has not forfeited the right to appeal for non-payment of taxes.</small>
	<p>Has supporting documentation* been attached?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*Supporting documentation includes items such as closing statements, rent rolls, vacancy rate and income statements, lease agreements, construction contracts, demolition permits, tax returns, bills of sale, photographs, insurance reports, appraisal reports, asset listings, or other information relevant to your request.</small>

STEP 3:
 Property owner/agent signature

I affirm under penalty of law that the information stated in this document and all attachments is correct. I request that the Appraisal Review Board (ARB) schedule a hearing to decide whether or not to correct the error in the appraisal roll. I request that the ARB send notice of the time, date and place fixed for the hearing, not later than 15 days before the scheduled hearing. I understand that if the chief appraiser approves my request, this action constitutes a binding agreement and is not subject to appeal/review by the ARB.

Authorized Signature	Date
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CAD PART 1:
 Appraiser's recommendation (Explanation)

Appraiser Signature	Date	Correction initiated by: <input type="checkbox"/> Property Owner <input type="checkbox"/> Tax Agent <input type="checkbox"/> Appraisal District <input type="checkbox"/> Taxing Unit
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CAD PART 2:
 Value information

TAX YEAR	2022	2021	2020	2019	2018	2017
IMPRV HS						
IMPRV NON-HS						
LAND HS						
LAND NON-HS						
AG MKT						
AG USE						
MARKET						
APPRAISED						
HS CAP LOSS						
ASSESSED						

CAD PART 3:
 Correction approval

Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Director of Operations Signature	Date
Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Director of Appraisal Signature	Date