



CENTRAL APPRAISAL DISTRICT OF BANDERA COUNTY

1206 Main Street • PO Box 1119
Bandera, Texas • 78003
Phone: 830-796-3039
Fax: 830-460-3672
www.banacad.org

REQUEST FOR CHANGE OF ADDRESS

Date of Request: _____

Account Information:

Property Owner Name: _____ Phone: _____

Account Number (PID): _____ Legal Description: _____

Property Physical Address: _____

Previous Mailing Address:

Number & Street or P.O. Box: _____

City, State, Zip Code: _____

New Mailing Address:

Number & Street or P.O. Box: _____

City, State, Zip Code: _____

Reason for change:

Owner's Statement of Authorization:

By submission of this request, I certify that I am the owner of the above named property and have the full legal authority to order the Appraisal District to change the mailing address on the above account. I understand that by changing the address, all notices from the Appraisal District will be forwarded to the new address.

Signature of Property Owner

Date

For Office Use:

Received by: _____

Date Completed: _____