

**Concho Central Appraisal District**

**P.O. Box 68**

**Paint Rock, Texas 76866**

**Phone: 325-732-4389 Fax: 325-732-4234 Email: paulina.ccad@wcc.net**

Property Owner Name: \_\_\_\_\_

Property ID#: \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID#: \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID#: \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID#: \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID#: \_\_\_\_\_ Property Address: \_\_\_\_\_

**New Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I swear that I am the owner of the above property and the information provided on this form is true and correct. I further state under penalty of perjury that the signature below is my own proper signature.

\_\_\_\_\_

**Print Name/Title**

\_\_\_\_\_

\_\_\_\_\_

**Property Owner/Agent Signature**

**Date**

**\*\*Please complete this request for property accounts on which you wish to change the mailing address and return to Concho Central Appraisal District. No address will be changed without proper completion of this form.**

**For Office Use Only:**

Date Received: \_\_\_\_\_

Clerk: \_\_\_\_\_