

QUESTIONNAIRE FOR APPOINTMENT TO THE *HOOD COUNTY APPRAISAL REVIEW BOARD*

Read and answer each question carefully. Your answers will be used to determine your legal eligibility for appointment and qualifications for service on the board.

1. Applicant Information

Name (Last, First, Middle Initial) _____

Telephone Number (area code and number) _____

Daytime (_____) Evening (_____) Cell (_____)

Current Mailing Address (number, street or P.O. Box) _____

Street Address if different from above _____

City _____ State _____ Zip Code _____

Social Security Number _____ Texas Driver's License Number _____

2. Service Required

Appraisal Review Board Hearings normally begin in June and conclude on or before July 25th. You may be required to work eight (8) hours per day for an extended period of time. Regular board meetings as well as supplemental hearings will normally be held during the remainder of the year. If you have commitments during this time period that may interfere with your service, please indicate below:

3. Delinquent Taxes

In the space below, please render by listing all properties on which you currently pay property taxes. Include both real property and business personal property. Include community property and property owned by partnerships or sole proprietorships. Please give the appraisal district account number or the location address (and business name, if applicable) of the property, the years for which taxes are owed, and the taxing entities to which the taxes are owed.

Are taxes delinquent on any of these properties?

Yes _____

No _____

Account Number	Location Address	Owner or	Years owed	Entities to which
■				■

Please attach separate list if additional room is necessary.

4. Why Do You Want to Serve?

Briefly state why you should be considered for appointment to the Appraisal Review Board.

5. State Your Qualifications

6. Signature and Affirmation

I have read this application carefully. The information I have given herein is true and correct to the best of my knowledge and belief. I understand that omitting or misrepresenting information could result in failure to consider this application. I also understand that it is a criminal violation to make a false statement on this application.

Signature and affirmation of person preparing this application:

I affirm that the information contained in this application and all attachments, if any, is accurate and complete to the best of my knowledge and belief, and authorize the Hood County Review Board or its representative to verify the statements I have made. I further affirm that, to the best of my knowledge or belief, I am not disqualified by law from accepting an appointment to the Appraisal Review Board for Hood County.

Printed Name _____

Applicant Signature _____

Date _____