

## 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**

Type of	Combine	Split		
Request	Ownership Change*	Other		
*For chan	nges in ownership, copy of deed or other evidence	ce of title must be attached to this form. (e.g. will, d	eath cert. etc.)	
	IDENITIEV	ALL DDODEDTY		
		ALL PROPERTY		
PROPERTY ID(s	s) or GEOGRAPHIC ID(s):			
	OWNERCH	DINFORMATION		
	OWNERSHI	P INFORMATION		
Owner's Name	):			
Mailing Address	Si .			
City	State	Zip Code		
Phone Number		Email Address	Email Address	
		YES	NO	
SAME OWNER C	ON PROPERTIES? (Must be the same on all proper	rties to combine)		
THE LAND IS CONTIGUOUS? (Physically joins)				
ARE PROPERTIES	S MORTGAGED? (If "YES" attach proof from lende	er/bank)		
ARE ALL PROPE	RTY TAXES PAID?			
	m the owner of the property described abov mation listed above.	e and request the Brazoria County Appraisal Dis	strict to correct its record	
Signature		Date	Date	
Printed Name	Printed Name		Received By (BCAD Employee)	