

**REAL PROPERTY CORRECTION REQUEST/MOTION**

ACCOUNT NUMBER:



**bcad**

**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)

|  |  |
|--|--|
| <b>Tax Year(s)</b><br>(year(s) to be corrected)  | <input type="checkbox"/> 2023 <input type="checkbox"/> 2022 <input type="checkbox"/> 2021 <input type="checkbox"/> 2020 <input type="checkbox"/> 2019 <input type="checkbox"/> 2018  |
| <b>Correction Type</b><br>(mark appropriate box)   | <input type="checkbox"/> Clerical, mathematical, computer, transcription error*<br><input type="checkbox"/> Multiple appraisal with account(s)<br><input type="checkbox"/> Property not located at address shown on roll<br><input type="checkbox"/> Error in name/address/property description<br><input type="checkbox"/> Over-appraised by more than 1/4 for HS or 1/3 for all other**<br><input type="checkbox"/> Agreed motion between chief appraiser & property owner** |
| <b>Explanation</b> (state reasons for the correction below and attach any supporting documentation*) | <p><b>Payment of Taxes</b> (mark appropriate box)</p> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><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><b>Has supporting documentation*</b> been attached?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><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 |
|----------------------|------|

**CAD PART 1:**  
 Appraiser's recommendation (Explanation)

|                     |      |   |
|---------------------|------|---|
| Appraiser Signature | Date | <b>Correction initiated by:</b><br><input type="checkbox"/> Property Owner<br><input type="checkbox"/> Tax Agent<br><input type="checkbox"/> Appraisal District<br><input type="checkbox"/> Taxing Unit |
|---------------------|------|---|

**CAD PART 2:**  
 Value information

| TAX YEAR     | 2023 | 2022 | 2021 | 2020 | 2019 | 2018 |
|--------------|------|------|------|------|------|------|
| 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"/><br>Director of Operations Signature | Date |
| Agree <input type="checkbox"/> Disagree <input type="checkbox"/><br>Director of Appraisal Signature  | Date |