



# Request for Exemption Removal

## SECTION 1. Owner Information

Owner Name(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Place an "X" in this box to update the mailing address on account(s) in SECTION 3. to the above mailing address.

Are you a current owner of the property subject to this request for exemption removal?  Yes  No  
*If "Yes", Skip to SECTION 3. If "No", Continue to SECTION 2.*

## SECTION 2. Applicant Information (Please attach supporting documentation).

Applicant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have legal authorization to request the exemption removal from this property?  Yes  No

Have you informed the property owner(s) about this request for exemption removal?  Yes  No

Is the owner incapacitated?  Yes  No *If Yes, Provide documentation of your right to act on the owner's behalf. (Example: Power of Attorney)*

Is the owner deceased?  Yes  No *If Yes, Enter the Date of Death\*: \_\_\_\_\_*  
*(\*Exemption Removal requires applicant to provide a copy of owner's death certificate)*

## SECTION 3. Property Description

Account Number	Property Address	Legal Description (if known)

## SECTION 4. Exemptions to Be Removed

List the Exemptions to Be Removed: \_\_\_\_\_

Indicate the Affected Tax Year(s): \_\_\_\_\_

Select the reason(s) for requesting the removal. Check all that apply.

- I am not the owner.  I no longer use the property for a qualifying purpose.
- I am not the occupant.  Exemption(s) belonged to a previous owner.
- I do not want to claim this exemption.  I claim (or intend to claim) this exemption on another property.
- Other (Please Explain): \_\_\_\_\_

## SECTION 5. Signature and Date

By signing this form you agree to the following:

- You are legally authorized to make this request for removal of exemption(s),
- You have provided information that is true and correct, and
- You acknowledge that the requested exemption removal(s) may result in an increased property tax liability.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*For Assistance: Please call (817) 284-4063 or visit [www.TAD.org](http://www.TAD.org)*

*Return completed form to: Tarrant Appraisal District, Attn: Exemptions, 2500 Handley-Ederville Road, Fort Worth, TX 76118-6909*