

GALVESTON CENTRAL APPRAISAL DISTRICT

Galveston Central Appraisal District
 9850 Emmett F. Lowry Expressway,
 Ste A
 Texas City, Texas 77591
 (409) 935-1980 or 1-866277-4725
 Fax (409) 935-1799

Request to Correct Name or Address on a Real Property Account	
Account Number:	Tax Year:
** for multiple accounts attach list with required information	

PLEASE PRINT OR TYPE INFORMATION

***If requesting a change in ownership please attach a copy
of deed or other reference of title to this form.

(closing statement, exhibits, metes and bounds)

1. Type of Request	<table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Change to new owner</td> <td style="width: 50%;"><input type="checkbox"/> Correct error in existing owner's name</td> </tr> <tr> <td><input type="checkbox"/> Update or correct owner's mailing address</td> <td><input type="checkbox"/> Update or correct property location or property address</td> </tr> </table> <p style="text-align: center;">(check all applicable boxes)</p>	<input type="checkbox"/> Change to new owner	<input type="checkbox"/> Correct error in existing owner's name	<input type="checkbox"/> Update or correct owner's mailing address	<input type="checkbox"/> Update or correct property location or property address
<input type="checkbox"/> Change to new owner	<input type="checkbox"/> Correct error in existing owner's name				
<input type="checkbox"/> Update or correct owner's mailing address	<input type="checkbox"/> Update or correct property location or property address				

2. Ownership Information	Owner's Name:
	C/O Name (If Different):
	Mailing Address:
	City: State: Zip Code:
	Telephone Number: () Work: () Mobile: ()

3. Property Description	Legal Description:
	Property Location Address:
	Purchase Date:(If applicable)

4. Affirmation	I am the owner of the property described above and request the Galveston Central Appraisal District to correct its records to reflect the information listed above. Signature: _____ Print Name: Date:
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