



ARANSAS COUNTY APPRAISAL DISTRICT
11 HWY 35 N
ROCKPORT, TEXAS 78382-2513

CHANGE OF MAILING ADDRESS FORM

DATE: _____ OWNER ACCOUNT# _____

OWNERS INFORMATION:

PROPERTY ADDRESS:

PREVIOUS MAILING ADDRESS:

NEW MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ CORRECTED PHONE NUMBER: _____

To process you request we must verify your identity with a driver's license or valid photo ID.

PHOTO ID VERIFIED _____

If you change your address by mail, along with this form, we require a copy of your driver's license or valid photo id. A driver's license number, personal identification certificate number, or social security account number provided in this form filed with a chief appraiser is confidential and not open to public inspection. The information may not be disclosed to anyone other than an employee of the appraisal office, who appraises property, except as authorized by Tax Code Section 11.48(b).

NOTICE REGARDING PENALTIES FOR MAKING OR FILING A FORM CONTAINING A FALSE STATEMENT: If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Section 37.10, Penal Code.

Your signature on this application constitutes a sworn statement that you have read and understand the *Notice Regarding Penalties for Making or Filing an Application Containing a False Statement*.

Signature

Printed Name

I AFFIRM THAT I AM THE OWNER OF THE PROPERTY OR PROPERTIES ASSOCIATED WITH THE ABOVE OWNER ID AND I WANT THE ARANSAS COUNTY APPRAISAL DISTRICT TO SEND ALL COMMUNICATION TO THE ADDRESS I HAVE GIVEN ABOVE. I UNDERSTAND THAT THE ARANSAS COUNTY APPRAISAL DISTRICT WILL INFORM ALL ARANSAS COUNTY TAXING AUTHORITIES OF THIS CHANGE.