



Collin Central Appraisal District

CHANGE OF ADDRESS BY PROPERTY OWNER

IDENTIFY YOUR PROPERTY(S):

Account Number(s) / Property ID(s): _____

Property Address(es): _____

CURRENT EXEMPTIONS:

Remove exemptions currently on the property? Yes No

If yes, list the Tax Year(s) exemptions are to be removed for: _____

Date moved from property: ____ / ____ / ____

If new address is a PO Box, are you still residing at the property? Yes No

OLD ADDRESS:

NEW ADDRESS:

DAYTIME PHONE NUMBER: (_____) _____ - _____

Person requesting change of address on the above property: _____ / _____ / _____
(Date)

Printed Name

Signature

****Please return to the address or fax number shown below****