Collin Central Appraisal District 250 Eldorado Pkwy McKinney, TX 75069 Ph - 469.742.9200

Property Owner's Affidavit of Evidence to the Appraisal Review Board

| , | Tax Year: |
|---|-----------|
| | Account# |

GENERAL INFORMATION:

- Property owners are not required to use this form but may instead submit evidence or argument with a written, signed, sworn statement that: identifies the protesting party, describes the property under protest, and meets the requirements of Tax Code Section 41.45.
- The affidavit must be received by the ARB before the hearing begins. To facilitate input of a property owner's declaration and evidentiary materials into the ARB's hearing records the ARB is requesting evidence from the property owner and appraisal district three (3) days prior to the hearing. The ARB will accept affidavits by either (a) mail or hand delivery to the address above, (b) by email to collinarb@collinarb.org, or (c) faxed to 469-742-9201.

| Please ensure that you submit a completed affidavit. The ARB will not conside | | | | | | | |
|--|--|--|--|--|--|--|--|
| Review the ARB Hearing Procedures to properly submit evidence, these were included with your Notice of Hearing letter. | | | | | | | |
| SECTION 1 – Property Owner or Lessee's Information | | | | | | | |
| Property Owner or Lessee's Name | | | | | | | |
| Property Owner or Lessee's Mailing Address | | | | | | | |
| City, State, & ZIP Code | | | | | | | |
| SECTION 2 – Property Description | | | | | | | |
| Physical Address (give street address and city) | | | | | | | |
| Property's Legal Description | | | | | | | |
| Appraisal District Account Number(s) (if known) | | | | | | | |
| Mobile Homes (give make, model, and identification numbers) | | | | | | | |
| SECTION 3 – Protested Action or Decision | | | | | | | |
| I seek relief from the following determination or other action of the apprai | sal district relating to my property described above: | | | | | | |
| Market & Equity - Incorrect appraised (market) value and value is unequal compared with other properties. | Ag-use, open-space, or other special appraisal was denied, modified, or canceled. | | | | | | |
| Incorrect appraised (market) value. | Change in use of land appraised as ag-use, open-space, or timberland. | | | | | | |
| Value is unequal compared with other properties. | Incorrect appraised or market value of land under special appraisal for ag-use, open-space, or other special appraisal. | | | | | | |
| Exemption was denied, modified, or canceled. | Property should not be taxed in | | | | | | |
| Owner's name is incorrect. | Failure to send required notice | | | | | | |
| Property description is incorrect. | Other:(write-in reason) | | | | | | |
| Property is not located in this appraisal district or otherwise should not be included on the district's record. | (write-in reason cont'd) | | | | | | |
| SECTION 4 – Evidence | | | | | | | |
| Briefly identify the types of evidentiary materials (such as letters, receipts consideration. Evidentiary materials must be submitted with this form to comprotest and the arguments made in SECTION 5 of this form should be at attached to the email delivering your affidavit electronically. Electronic evolffice (Word/Excel/PowerPoint) or Images (JPEG, PNG, or TIFF). Multipsize must not exceed 20MB per affidavit submittal. | complete this section. Evidence and/or documentation to support your tached to this document if submitting your affidavit on paper or idence should be submitted in ONLY the following file types: PDF, MS | | | | | | |

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| McKinney, TX 75069 Ph - 469.742.9200 | Appraisal Rev (cont | | Account#: | | | | | |
|--|-----------------------------|---------------------|------------------|--|--|--|--|--|
| SECTION 5 – Statement of Facts or Arguments | | | | | | | | |
| State all facts or arguments that may help resolve your case; you may attach additional pages if needed. | | | | | | | | |
| | | | | | | | | |
| SECTION 6 – Statement of Intent | Regarding Hearing Participa | ation | | | | | | |
| For purposes of scheduling, indicate how you intend to participate in the ARB hearing regarding your protest. (select only one box). | | | | | | | | |
| ☐ I do not intend to appear for the hearing. This affidavit and the evidence and/or argument submitted with it may be used for the hearing. | | | | | | | | |
| ☐ I intend to appear in-person for the hearing. | | | | | | | | |
| ☐ I intend to appear by telephone conference call for the hearing. | | | | | | | | |
| ☐ I intend to <u>appear by video</u> | conference (screen sharing) |) for the hearing. | | | | | | |
| NOTE: If you decide later to appear by telephone conference call or video conference, you must provide written notice to the ARB at least 10 days before the hearing date and submit your evidence with an affidavit (if not previously done). If you change your mind and decide not to appear, the ARB will conduct the hearing based on your affidavit and supporting documents. | | | | | | | | |
| SECTION 7 - Certification and Si | gnature | | | | | | | |
| State of County of | | | | | | | | |
| Before me, the undersigned authority, personally appeared (name of affiant), who, being by me duly sworn, deposed as follows: | | | | | | | | |
| 1. My name is | | | | | | | | |
| Any materials submitted with this affidavit as evidence were generated or collected by me or for me, and are the original or exact duplicates of the original. | | | | | | | | |
| Any materials I am submitting as evidence comprise a total of pages or images and are described in Section 4 of this affidavit. I am attaching any materials in paper form, PDF, or on a small portable electronic device (such as a CD, USB flash drive, or thumb drive) onto which images of the materials have been loaded as prescribed by the ARB's hearing procedures. | | | | | | | | |
| I. The facts contained in this affidavit are true and correct, and the information reflected in any evidentiary materials attached to this affidavit are true and correct. | | | | | | | | |
| Signed on thisday of _ | | | | | | | | |
| | | Signa | ature of Affiant | | | | | |
| SWORN TO AND SUBSCRIBED before | re me on theday of | f, | · | | | | | |
| | C | Commission Expires: | | | | | | |
| Notary Public Signature | | | | | | | | |
| | | | | | | | | |
| Notary Public Printed Name | | | | | | | | |