

AFFIDAVIT OF FACT CONCERNING BUSINESS PERSONAL PROPERTY

NOTE: Please complete and return this form only if your business sold, closed or moved prior to January 1st.

Please p	rovide the below inforn	nation about the a	ppraisal record:	
Business Name:		Account #:		Tax Year(s):
Business Location:				l
Owner's Name:			Phone #:	
Mailing Address:				
Please p	rovide the below inforn	nation about the a	ppraisal record:	
Date Sold:	Date Closed:		Date Moved:	
Buyer's Name:	1		Phone #:	
Buyer's Address or New Address	s (if moved):			
Attach documents establishing the cancellation, final utility bills, an of closing or sale of your busines	d a date of vacancy state	ment from the landl	ord or other tang	ible evidence of a date
	This form must be sig	ned & notarized b	elow:	
I SWEAR AND AFFIRM that the	information contained in	this affidavit is true	e and correct.	
Printed Name		Signature of Affiant		
Mailing Address			Daytime Phone #	
Sworn and subscribed to before	me this day of _			·
Notary Public, State of Texas				

RETURN TO: Collin Central Appraisal District, 250 Eldorado Pkwy, McKinney TX 75069-8023