

CENTRAL APPRAISAL DISTRICT OF TAYLOR COUNTY  
PO BOX 1800  
ABILENE, TX 79604  
[campbell@cadtx.org](mailto:campbell@cadtx.org)

PROPERTY OWNER NAME: \_\_\_\_\_

OWNER ID # \_\_\_\_\_

PROPERTY ID# \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

PROPERTY ID# \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

PROPERTY ID# \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

PROPERTY ID# \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

PROPERTY ID# \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

PROPERTY ID# \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

PROPERTY ID# \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

PROPERTY ID# \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

**NEW MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

\_\_\_\_\_  
**PRINT NAME/ TITLE**

\_\_\_\_\_  
**PROPERTY OWNER / AGENT SIGNATURE**

\_\_\_\_\_  
**DATE**

PLEASE COMPLETE THIS REQUEST FOR PROPERTY ACCOUNTS ON WHICH YOU  
WISH TO CHANGE THE MAILING ADDRESS AND RETURN TO CENTRAL APPRAISAL  
DISTRICT. NO ADDRESS WILL BE CHANGED WITHOUT PROPER COMPLETION OF THIS FORM

**FOR OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

CLERK: \_\_\_\_\_