

## Taylor County Appraisal Review Board Application

Date of Application: \_\_\_\_\_ Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a United States Citizen? \_\_\_\_\_

Have you lived in Taylor County two years or longer? \_\_\_\_\_ Email: \_\_\_\_\_

Are you a current employee, director or chief appraiser of the appraisal district? \_\_\_\_\_

Are you a current board member, employee or officer of a taxing unit served by the appraisal District?  
\_\_\_\_\_

Are you a current employee of the Comptroller of Public Accounts? \_\_\_\_\_

Have you served all or part of three previous terms as a board member or an auxiliary board member on the ARB? \_\_\_\_\_

Are you a former employee or former officer of the appraisal district? \_\_\_\_\_

Have you ever appeared before the ARB for compensation? \_\_\_\_\_

If Applicable, have you reached your fourth anniversary of the date you ceased to serve as a member or officer of a taxing unit for which the appraisal district appraises property? \_\_\_\_\_

Are you related to any tax agents registered to conduct business in Taylor County? \_\_\_\_\_ If so, state your relationship? \_\_\_\_\_

Are you related to any person contracted to appraise property for the appraisal district? \_\_\_\_\_

Are you related to any employee of the appraisal district to the second degree by consanguinity or affinity? \_\_\_\_\_ If so, state your relationship? \_\_\_\_\_

Do you have a paid contractual agreement with the appraisal district or any entities the district serves?  
\_\_\_\_\_

Do you hold another paid public office? \_\_\_\_\_

Do you own property on which delinquent property taxes have been owed for more than 60 days? \_\_\_\_\_

Why do you want to serve on the Taylor County ARB?

\_\_\_\_\_  
\_\_\_\_\_  
*The BOD appoints ARB members by majority vote and records its decision in a resolution. ARB members serve two-year staggered terms beginning on January 1<sup>st</sup>. A person may not serve more than all or part of three terms on the ARB. Three-term limit includes appointments as either a regular ARB member or Temporary ARB member.*

Applicants Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Date BOD Approved: \_\_\_\_\_ Date BOD Denied: \_\_\_\_\_

Providing false statements is considered a Class B Misdemeanor