COLORADO COUNTY APPRAIS	SAL DISTRICT	REQU	IEST TO CORRECT	NAME OR A	ADDRESS ON A	
PO BOX 10, COLUMBUS, TEXAS 78934-0010 Phone: (979)732-8222 Fax: (979)732-6485 & (979)733-0390 email: propertytaxes@coloradocad.org www.coloradocad.org		REAL/PERSONAL (Mobile Home) PROPERTY RECORD				
		☐ MINERAL PROPERTY RECORD ☐ BUSINESS PERSONAL PROPERTY RECORD				
property account. After completing t	he form, return it,	with any sup	porting documentation, to the addre	ess above. Our office h	hours are Monday – Friday; 8AM – 5PM.	
Applicant Name:				Title/Authori	ization:	
<u></u>		PLEAS	SE PRINT OR TYPE			
	☐ Update/Add "In Care Of" Correspond			ence	☐ Correct error in existing owner's i	name
Type of Request	Update or correct owner's mailing addres				☐ Update or correct property locati	
	*If requesting an error correction in ownership, attach a copy of deed or other evidence of title or name change to this form. Owner Name / In Care Of:					
Ownership	Owner Name /	In Care Of:				
Information	Business Name / DBA:					
	Telephone: Email:					
	New Mailing Address:					
	City: State: Zip Code:					
	Old Mailing Address:					
	City:		Sta	te:	Zip Code:	
Property Description	PID/Legal Desc	ription:				
	Incorrect Situs Address:			Correct Situs Address:		
	Please list all p	roperty ID r	numbers, if multiple accounts ex	ist:		
Affirmation	I am the owner/authorized representative of the property described above and request the Colorado County Appraisal District correct its records to reflect the information listed above.					
	Printed Name:					
	Signature:			Date:		
If you are not LEGALLY	IDENTIFIED ac	an OW/NE	D or ALITHODIZED DEDDECE	NTATIVE of this n	property, complete the section below and	notorizo
ii you are not <u>legally</u>	STATE OF TEXA		R OF AUTHORIZED REPRESE	VIATIVE OF this p	oroperty, complete the section below and	notarize.
				_		
Affidavit of	Before me, the	undersigne	ed authority, personally			
Ownership Interest /	appeared				, who being duly sworn, deposed as f	ollows:
Authorized	"My name is				, I am over 18 years of age; I a	m fully
Representative	competent to make this affidavit; I have personal knowledge of the facts in this affidavit; and all facts in it are true and correct. I ownership interest in or am an authorized representative of the real property with the following legal description:					
•						;
					trument recorded in the real property records o to request a mailing address change of said pro	
	Further, Affiant sayeth not,"					
	Signature of Af	fiant				
					SWORN TO AND SUBSCRIBE	E D BEFORE ME on
					the day of	
					Notary Public in and for	the State of Toyas
					My commission expires:	

Any person who makes a false entry upon the foregoing record may be subject to one of the following penalties:

(1) confinement in jail for a term up to 1 year or a fine not to exceed \$3000 or both such fine and imprisonment; (2) confinement of up to 1 year in a community correctional facility; (3) imprisonment of not more than 10 years and/or a fine of not more than \$10,000 or both such fine and imprisonment as set forth in Section 37.10, Penal Code.