LAMPASAS CENTRAL APPRAISAL DISTRICT
P.O. Box 175 • Lampasas, Texas 76550
Phone: (512) 556-8058 • Email: info@lampasascad.com

REQUEST FOR CHANGE OF ADDRESS

TAX YEAR _____

Please complete this form and return it to the Lampasas Central Appraisal District in person, by mail, or by email.

STEP 1: TYPE OF REQUEST

_____ **SPECIFIC PROPERTIES**	As identified by the property account number(s) listed below.
_____ **ALL RECORDS**	Includes all records in which I am listed as an individual owner, joint owner, or tenant in common.

STEP 2: PROPERTY INFORMATION

Property Account Number	Property Account Number	Property Account Number

STEP 3: OWNERSHIP & NEW MAILING INFORMATION

Owner's Name: _____

Old Mailing Address	City	State	ZIP
New Mailing Address	**City**	**State**	**ZIP**

Email Address	Daytime Phone Number

STEP 4: AFFIRMATION

I am the owner of the property described above and request that the Lampasas Central Appraisal District update its records to reflect the information submitted on this form.

Signature: _____ Date: _____

Any person who makes a false statement could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

For Office Use Only: Received By: _____ Processed By: _____ Date Updated: _____