



**BEXAR APPRAISAL DISTRICT**  
**CUSTOMER REQUEST FORM**

For GIS Department:	
CR#	_____
MC#	_____
TILE	_____
ISD	_____

DATE \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_ APPRAISER  
 CLERK \_\_\_\_\_ OWNER/AGENT \_\_\_\_\_

<b><u>REQUEST TYPE:</u></b> (select all that apply)		
<b>SPLIT</b>	<b>MERGE</b>	<b>RESEARCH</b>
<b>MAP CORR</b>	<b>OTHER</b>	
<b>(PLEASE READ)</b> <b>MERGES:</b> All questions must be answered in order for the merge request to be granted. <b>*SPLITS:</b> Questions marked with an asterisk (*) are required for a split request.		
	<b>YES</b>	<b>NO</b>
SAME OWNER ON PROPERTIES? (Owner must be the same on all properties in order to merge)		
ARE PROPERTIES ADJACENT?		
*ARE ALL PROPERTY TAXES PAID? (Owners should pay all past year taxes prior to merging properties and, if possible, all current year taxes for ever property involved)		
*ARE PROPERTIES MORTGAGED? (If "Yes", attach approval letter from lender/bank. If proof is not provided, the request will be denied)		
*ARE PROPERTIES AGRICULTURAL? (Ag exemptions may need to be re-applied for)		
ARE THERE EXEMPTIONS? (Check all that apply)  HOM      OV65*      DAV*      DRH*      TDA		
*Owner is aware that a merge/split of properties may recalculate the OV65, DAV, and DRH exemptions causing the taxes to increase, <b>PLEASE INITIAL</b> _____		

EFFECTIVE YEARS \_\_\_\_\_  
 ACCOUNT (GEO ID) # \_\_\_\_\_ PID \_\_\_\_\_  
 OWNER NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 OWNER ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

REMARKS (LIST ACCOUNTS THAT ARE REQUESTED TO BE PROCESSED):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OWNER / AGENT SIGNATURE \_\_\_\_\_

NOTE: If requested by owner / agent, this form must be signed in order to be processed.