



BEXAR APPRAISAL DISTRICT

411 N. Frio, P.O. Box 830248
San Antonio, TX 78283-0248
Phone (210) 224-8511
Fax (210) 242-2454

REQUEST FOR CANCELLATION OF EXEMPTIONS and/or Tax Deferral Affidavit

Requestor _____ Date _____

Account Number _____ PID # _____

Owner of Record _____ Telephone Number _____

The person(s) listed above hereby requests that the exemption(s) and/or Tax Deferral Affidavit for the above account(s) be cancelled according to Section 11.43(i) of the Texas Property Tax Code. The Bexar County Tax Office may collect the **estimated** taxes based on the correction of prior year appraisal rolls.

TYPE OF EXEMPTION/AFFIDAVIT

- | | | |
|--------------------------|------------------------------|----------------------------|
| <input type="checkbox"/> | HOMESTEAD EXEMPTION | YEAR (S) DELETED FOR _____ |
| <input type="checkbox"/> | OVER 65/OVER 55 SURV SPOUSE | YEAR (S) DELETED FOR _____ |
| <input type="checkbox"/> | DISABLED PERSON EXEMPTION | YEAR (S) DELETED FOR _____ |
| <input type="checkbox"/> | 100% DISABLED VETERAN - DVHS | EFFECTIVE DATE _____ |
| <input type="checkbox"/> | DISABLED VETERAN LEVEL 1-4 | YEAR (S) DELETED FOR _____ |
| <input type="checkbox"/> | TAX DEFERRAL AFFIDAVIT | EFFECTIVE DATE _____ |

REASON FOR CANCELLATION: _____

The person(s) further waives their right to protest this cancellation under the provisions of Chapter 41, Texas Tax Code, and waives the requirements of written notification of the cancellation by the Bexar Appraisal District.

OWNER (S) SIGNATURE

DATE

OWNER(S) ADDRESS

Phone Number

CUSTOMER INFORMATION REPRESENTATIVE
SIGNATURE

CUSTOMER INFORMATION MANAGER