



BEXAR CENTRAL APPRAISAL DISTRICT
CUSTOMER REQUEST FORM

DATE _____

REQUESTED BY: _____ APPRAISER

_____ OWNER/ AGENT

Tax Parcel Split/Merge Request Form

General Information: Request must be submitted by January 1st. Any requests received after January 1st will be processed the following tax year. Approval of both Split or Merge requests is at the discretion of the Appraisal District.

Owner Name: _____

SPLIT REQUEST:

ACCOUNT (GEO ID) # _____

Property ID _____

Remarks _____

MERGE REQUEST: Parcels to be combined must be contiguous to one another and be under the same ownership. Additional accounts can be listed under remarks section.

ACCOUNT (GEO ID) # _____

Property ID _____

ACCOUNT (GEO ID) # _____

Property ID _____

Remarks _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Signature Agreement and Property Affirmation: I agree that my electronic signature below is the legal equivalent of my manual/handwritten signature. I affirm that there are no delinquent taxes on the accounts listed. Exemptions may be affected. Property owner may need to refile AG/Exemption application.

Owner Signature _____

Date _____