

RETURN THIS NOTICE TO:
 TRAVIS CENTRAL APPRAISAL DISTRICT
 ARB DIVISION
 8314 CROSS PARK DRIVE
 P.O. BOX 149012
 AUSTIN, TEXAS 78714-9012

PROPERTY TAX

NOTICE OF PROTEST

INSTRUCTIONS: If you want the appraisal review board to hear and decide your case, you must file a written notice of protest with the appraisal review board (ARB) for the appraisal district which took the action you want to protest. If you don't receive notification of your hearing within 2 months, please call and check on your protest.

FILING DEADLINE:

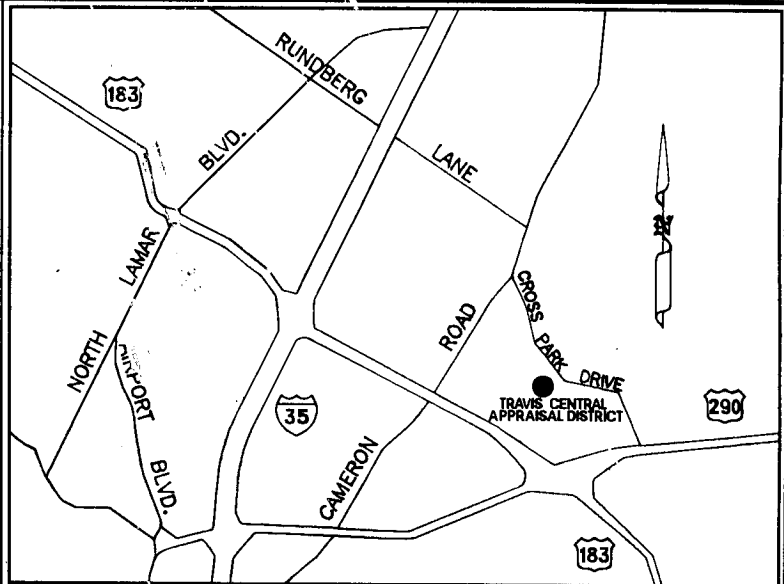
If an appraisal notice was mailed to you on May 1 or later, then the deadline will be midnight of the 30th day after the date the appraisal notice was mailed to you.

WEEKENDS, HOLIDAYS: If your deadline falls on a Saturday, Sunday, or legal holiday it is postponed until midnight of the next working day.

STEP 1: NAME AND ADDRESS	First name and initial	Last name
	Mailing address	
	City, town, or post office, state and zip code	Telephone WK: _____ HM: _____

STEP 2: DESCRIBE PROPERTY UNDER PROTEST	Give street address if different from above, or legal description if no street address
	Mobile homes: give make, model, and identification number
	Parcel/Account No.

STEP 3: CHECK REASONS FOR YOUR PROTEST	<input type="checkbox"/> Value is over market value
	<input type="checkbox"/> Value is unequal compared with other properties
SIGN BELOW AND RETAIN A COPY FOR YOUR RECORDS	<input type="checkbox"/> Property should not be on roll for _____ (name of taxing unit)
	<input type="checkbox"/> Failure to send required notice (Type) _____
	<input type="checkbox"/> Exemption denied, modified, or cancelled
	<input type="checkbox"/> Ag-use, open-space, timber, or other special valuation denied, modified, or canceled
	<input type="checkbox"/> Owner's name incorrect
	<input type="checkbox"/> Property description incorrect
	<input type="checkbox"/> Property should not be on roll for this district
	<input type="checkbox"/> Other _____



STEP 4: OWNER'S ESTIMATE OF VALUE	Owner's estimate of value: _____	Please check this box if it would be IMPOSSIBLE to attend a hearing between 9:00 a.m. and 5:00 p.m. <input type="checkbox"/>
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SIGN AND DATE	Signature	Date
	Print name	If agent prepared, Agent Reg # _____