



Bastrop Central Appraisal District
212 Jackson Street
P.O. Drawer 578
Bastrop, Texas 78602
512-303-1930
bcad@bastropcad.org

REQUEST FOR CHANGE OF ADDRESS

TAX YEAR _____

INSTRUCTIONS: Please complete this form and return to the Bastrop Central Appraisal District in person, by mail or Email.

**Step 1:
TYPE OF
REQUEST**

SPECIFIC PROPERTIES as identified by the property account number or numbers listed below.

ALL RECORDS include all records in which I am listed as an individual owner, joint owner or tenant in common.

**Step 2:
PROPERTY**

List additional accounts on the back of form.

Property Account Number

Property Account Number

Property Account Number

Property Account Number

Property Account Number

Property Account Number

Property Account Number

Property Account Number

Property Account Number

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 (limited to one)

Daytime Phone Number

**Step 4:
AFFIRMATION**

I am the owner of the property described above and request the Bastrop Central Appraisal District correct 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 the Texas Penal Code Section 37.10.

For Office Use Only: Received by: _____ Processed by: _____ Date records updated: _____