



GALVESTON CENTRAL APPRAISAL DISTRICT

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TAXPAYER REQUEST TO COMBINE OR SPLIT PROPERTY

Tax Year(s): _____

Account Number: _____ **R#** _____

_____ **R#** _____

_____ **R#** _____

_____ **R#** _____

Legal Description: _____

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TO BE COMPLETED BY PROPERTY OWNER:

Is this combine/split for homestead purposes? Yes No

How much acreage is to be homesteaded? _____

Are delinquent taxes Yes No

In order to combine or split property, one of the following must apply. Please check the appropriate box:

All accounts to be combined/split are mortgaged.

All accounts to be combined/split are not mortgaged.

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TO BE COMPLETED BY APPRAISAL DISTRICT:

Combine

Current Owner: _____ **Split**

Collection Entities: _____

NOTES:

Requested by: _____ **Date:** _____

CAD Rep: _____