

REQUEST FOR CANCELLATION OF EXEMPTIONS/DEFFERALS/CONFIDENTIALITY

Pro	operty Owner(s):	
Pro	operty Address:	·
Pro	operty ID:	
	Exemption Cancellation Requests:	
	General Residence Homestead Exemption	Cancel for Year(s):
	Disabled Person Exemption	Cancel for Year(s):
	Over 65/Surviving Spouse of Over 65 Exemption	Cancel for Year(s):
	100% Disabled Veteran's/Surviving Spouse Exemption	n Cancel Effective Date://
	Disabled Veteran's/Surviving Spouse Exemption	Cancel for Year(s):
	Miscellaneous Cancellation Requests:	
	Tax Deferral	Cancel for Year(s):
	Request for Confidentiality	Cancel Effective Date//
	Request for Suppression	Cancel Effective Date/
"l,	, swear o	or affirm the following:
	(Printed Name of Property Owner)	<u>-</u>
	n the owner of the property described above (or authorized praisal District to make the changes to its records to reflect the	
	derstand by completing this request, that Comal County Tax is based on my request to remove the exemptions for the year	
	thermore, I waive my right to protest cancellation of exempti perty Tax Code and waive the requirement of written notifica	·