



REQUEST FOR CANCELLATION OF EXEMPTIONS/DEFERALS/CONFIDENTIALITY

Property Owner(s): _____

Property Address: _____

Property ID: _____

Mailing address: _____

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 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 ____/____/____

"I, _____, swear or affirm the following:
(Printed Name of Property Owner)

_____ I am the owner of the property described above (or authorized person with legal authority) and request Comal
initials Appraisal District to make the changes to its records to reflect the request(s) listed above.

_____ I understand by completing this request, that Comal County Tax Office and other taxing entities shall collect the
initials taxes based on my request to remove the exemptions for the year(s) requested above.

_____ Furthermore, I waive my right to protest cancellation of exemptions under the provisions of Chapter 41 of the Texas
initials Property Tax Code and waive the requirement of written notification of the cancellation by the Comal Appraisal District.

_____ I understand by removing the above requested exemption(s), it will increase the tax liability for the requested
initials year(s) of removal."

Signature of Property Owner or Person Authorized to Sign the Request

Date