201 N. Chaparral, Suite 206
Corpus Christi, Texas 78401
Telephone No. (361) 881-9978
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REQUEST FOR SPLITTING OR MERGING OF ACCOUNTS

_____
EFFECTIVE YEAR

REQUEST TYPE: SPLIT _____ MERGE _____

REQUESTED BY: APPRAISER: _____ DATE: _____

OWNER: _____ CLERK: _____

CONTACT INFO & PROPERTY DETAILS

NAME & PHONE #: _____
OWNER NAME *HOME/OFFICE PHONE #*

MAILING & OTHER: _____
MAILING ADDRESS

_____
E-MAIL ADDRESS

ACCOUNT NUMBERS: _____

_____

ARE PROPERTIES ADJACENT ____YES ____NO
ARE PROPERTIES MORTGAGED* ____YES* ____NO

***If yes, taxpayer is responsible to notify their mortgage company.**

ARE PROPERTY TAXES PAID ____YES ____NO
ARE THERE EXEMPTIONS* ____YES* ____NO

***Owner is aware that a merge of properties will affect the OV65 and DP FROZEN CEILING TAX AMOUNT. Please initial: _____**

ADDITIONAL COMMENTS: _____

PLEASE NOTE: THE DEADLINE TO REQUEST SPLITS & MERGES IS APRIL 1ST.
ANY REQUESTS SUBMITTED AFTER THIS DEADLINE WILL BE PROCESSED FOR THE NEXT TAX YEAR.

CURRENT OWNER MUST PROVIDE SIGNATURE BELOW FOR THE REQUEST TO BE PROCESSED

OWNER / AGENT SIGNATURE: _____

APPRAISER SIGNATURE: _____

☐ Approved ☐ Denied _____
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