

Williamson Central Appraisal District
625 FM 1460
GEORGETOWN, TX 78626
Phone: (512)930-3787
Email: exemptions@wcad.org

Request to Remove Exemption(s)

Owner Name: _____

WCAD Quick Ref ID: _____

Property Address: _____

- PLEASE REMOVE EXEMPTION(S)

Indicate your choice by marking all that apply:

- | | |
|---|-----------------|
| <input type="radio"/> GENERAL RESIDENCE HOMESTEAD | TAX YEAR: _____ |
| <input type="radio"/> DISABLED PERSON | TAX YEAR: _____ |
| <input type="radio"/> AGE 65 OR OLDER (OR SURVIVING SPOUSE) | TAX YEAR: _____ |
| <input type="radio"/> 100% DISABLED VETERAN (OR SURVIVING SPOUSE) | DATE: _____ |
| <input type="radio"/> SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN ACTION | DATE: _____ |
| <input type="radio"/> SURVIVING SPOUSE OF FIRST RESPONDER KILLED IN LINE OF DUTY | DATE: _____ |
| <input type="radio"/> DONATED RESIDENCE OF PARTIALLY DISABLED VET (OR SURVIVING SPOUSE) | DATE: _____ |
| <input type="radio"/> DISABLED VETERAN DV1 – DV4 (OR SURVIVING SPOUSE) | TAX YEAR _____ |

PERSON REQUESTING REMOVAL:

Please Print Name Here: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE ADDRESS LISTED ABOVE