

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

OUT OF COUNTY - Tax Ceiling Transfer Certificate Request

Owner Name: _____

Quick Ref ID: _____

Previous Address: _____

- PLEASE REMOVE EXEMPTION(S)

Indicate your choice by marking all that apply:

- | | |
|---|-----------------|
| • GENERAL RESIDENCE HOMESTEAD | TAX YEAR: _____ |
| • DISABLED PERSON | TAX YEAR: _____ |
| • AGE 65 OR OLDER (OR SURVIVING SPOUSE) | TAX YEAR: _____ |
| • 100% DISABLED VETERAN SURVIVING SPOUSE | DATE: _____ |
| • SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN ACTION | DATE: _____ |
| • SURVIVING SPOUSE OF FIRST RESPONDER KILLED IN ACTION | DATE: _____ |

- **MY NEW PROPERTY ADDRESS IS:**

Account Number (if known): _____

Property Address: _____

New Mailing Address (if different): _____

New Phone Number: _____

My New Appraisal District is: _____

- **REQUESTOR NAME:**

Please Print Name Here: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE ADDRESS LISTED ABOVE
THIS IS NOT AN APPLICATION FOR EXEMPTIONS