

# HOOD CENTRAL APPRAISAL DISTRICT

P O BOX 819 1902 WEST PEARL STREET

GRANBURY TEXAS 76048

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## EXEMPTION REMOVAL FORM

Year to be removed \_\_\_\_\_

Account No. \_\_\_\_\_

Property Address \_\_\_\_\_

Owner's Name \_\_\_\_\_

Reason for removing exemption \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Type of exemption to be removed

Homestead \_\_\_\_\_

Over-65 \_\_\_\_\_ DO NOT PORT TAX CEILING \_\_\_\_\_

Disability \_\_\_\_\_ DO NOT PORT TAX CEILING \_\_\_\_\_

Veterans \_\_\_\_\_

Signature \_\_\_\_\_

BY SIGNING THIS FORM, THE PROPERTY OWNER HEREBY ACKNOWLEDGES THE EX-  
EMPTIONS MARKED ABOVE NEED TO BE REMOVED FROM SAID ACCOUNT, AND THE  
PROPERTY OWNER FURTHER ACKNOWLEDGES THAT THEY ARE NOT ENTITLED TO  
AND DO NOT QUALIFY FOR EXEMPTIONS ON SAID ACCOUNT.

OFFICE USE ONLY

RECEIVED BY \_\_\_\_\_

DATE \_\_\_\_\_