**PROPERTY APPRAISAL – NOTICE OF PROTEST – 2020**  [Rev 20/03.01]

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| Hays Central Appraisal District  21001 IH 35 North, Kyle Texas 78640 (512-268-2522) | | | | | | | | | [Protest@hayscad.com](mailto:Protest@hayscad.com)  [www.hayscad.com](http://www.hayscad.com) | |
| **GENERAL INSTRUCTIONS:** This form is used for a property owner or the owner's designated agent to file a protest with the appraisal review board (ARB) pursuant to Tax Code Section 41.41. Lessees contractually obligated to reimburse a property owner for property taxes may be entitled to protest as a lessee if all Tax Code requirements are met, including those in Tax Code Section 41.413.  **FILING INSTRUCTIONS:** This form and all supporting documentation must be filed with the appraisal district office in each county in which the property is located. **Do not file this document with the Texas Comptroller of Public Accounts.** Contact information for appraisal district offices may be found on the Comptroller’s website.  **DEADLINES:** With exceptions, the typical deadline for filing a notice of protest is midnight, May 15. (Tax Code Section 41.44) Contact the ARB for the county in which the property is located for the specific protest filing deadline.  **NOTICE:** The Comptroller's office may not advise a property owner, a property owner's agent, the chief appraiser or any appraisal district employee on a matter that the Comptroller's office knows  is the subject of a protest to the ARB. Consult Tax Code Chapter 41 or the ARB hearing procedures for more information.  **State the tax year(s) for which this protest is filed:** \_\_\_\_\_\_\_**2020**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **SECTION 1: Property Owner or Lessee** | Person Age 65 or Older Disabled Person Military Service Member Military Veteran Spouse of a Military Service Member or Veteran  Owner’s or Lessee’s Last Name, First Name and Initial: | | | | | | | | | |
| Owner’s or Lessee’s Current Mailing Address *(number, street, city, state, zip code)*:  Check here if mailing address has changed | | | | | | | | | |
| Primary Phone Number *(area code and number)*: | | | | | | \*Email Address: | | | |
|  | \*An email address of a member of the public could be confidential under Government Code Section 552.137; however, by including the email address on this form, you are affirmatively consenting to its release under the public information act. | | | | | | | | | |
| **SECTION 2: Property**  **Description** | Physical Address and if different from above, or Legal Description if no street address: | | | | | | | | | |
|  | | | | | | | | | |
| Appraisal District Account Number *(if known)*: | | | | | | | | | |
| Mobile Homes *(give make, model and identification number)*: | | | | | | | | | |
| **To preserve your right to present each reason for your protest to the ARB according to law, be sure to select all boxes that apply.**  Failure to select the box that corresponds to each reason for your protest may result in your inability to protest an issue that you want to pursue. | | | | | | | | | | |
| **Section 3: Reasons**  **For**  **Protest** |  | | Incorrect appraised (market) value. | | | |  | Exemption was denied, modified or cancelled. | | |
|  | | Value is unequal compared with other properties. | | | |  | Change in use of land appraised as ag-use, open-space or timberland | | |
|  | | Property should not be taxed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(name of taxing unit)* | | | |  | Ag-use, open-space or other special appraisal was denied, modified or cancelled. | | |
|  | | Failure to send required notice. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(type of notice)* | | | |  | Owner’s name is incorrect | | |
|  | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | Property descriptions is incorrect. | | |
|  | | Incorrect appraised or market value of land under special appraisal for ag-use, open-space, or another special appraisal. | | | |  | Property should not be taxed in the appraisal district or in one or more taxing units. | | |
|  |  | |  | | | |  | Incorrect damage assessment rating for a property qualified for a temporary disaster exemption | | |
| **SECTION 4: Give Facts That May Help Resolve Your Case** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
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| What do you think your property’s value is? *(optional)* $ | | | | | | | | | |
| **SECTION 5: Hearing Type** | A property owner does not waive the right to appear in person at a protest hearing by submitting an affidavit to the ARB or by electing to appear by telephone conference call.  I intend to appear in the ARB hearing scheduled for my protest in the following manner (Check only one box):  [ ] In person  [ ] By telephone conference call and will submit evidence with a written affidavit delivered to the ARB before the hearing begins\*\*. (May use Comptroller Form 50-283, Property Owner Affidavit of Evidence)  for county specific telephone conference call procedures.  [] On written affidavit submitted with evidence and delivered to the ARB **before** the hearing begins  \*\*If you decide later to appear by telephone conference call, you must provide written notice to the ARB at least 10 days before the hearing date. You are responsible for providing access to the call to any person(s) you wish to invite to participate in the hearing. Review the ARB’s hearing procedure for county-specific telephone conference call procedures. | | | | | | | | | |
| **SECTION 6: Hearing Notice & Procedures** | Rather than regular first-class mail, I request my notice of hearing to be delivered by (check one box only):  Certified mail and agree to pay the cost (if applicable)  Email to the electronic address I provided in Section 1 of this form  If a protest goes to a hearing, the ARB automatically sends each party a copy of the ARB’s hearing procedures. | | | | | | | | | |
|  | Yes | |  | No | I want the ARB to send me a copy of its hearing procedures. | | | | |
| **SECTION 7: Certification & Signature** | Property Owner Property Owner’s Agent Other:  **print here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Print Name of Property Owner or Authorized Representative    **sign here**  Signature of Property Owner of Authorized Representative | | | | | | | | | Date: |