



# Confidential Report of Decreased Value for \_\_\_\_\_ Year

This application covers property you owned on January 1 of this year. If you believe the property's appraised value decreased during the preceding tax year for any reason other than normal depreciation, you must file this completed form after January 1 and no later than April 15 of this year. You may ask for additional time if you can show good cause to the chief appraiser. If you use this form to report a loss in value due to fire, please attach a copy of the Fire Department incident report. Complete and submit this form to the above address.

## Step 1. Owner's Name and Address

Owner's Name

Present Mailing Address (number and street)

City, Town, or Post Office, State, ZIP Code +4

Telephone (area code and number)

## Step 2. Describe the Property

1. Please provide a legal description of the real property that has decreased in value.

a. HCAD Account Number

b. Legal Description

c. Address of Property

2. Please list personal property that has decreased in value and give location of the property.

a. HCAD Account Number

b. Property Location

c. Property Description (or attach a list)

3. Please list taxing units in which the property is located.

a.

b.

c.

d.

4. State the property's market value (optional). \$ \_\_\_\_\_

5. Explain in detail what caused the value decrease and how it affected the property's value.

### Step 3. Sign the Application

Are you the property owner, an employee of the property owner, or acting on behalf of an affiliated entity of the property owner?

Yes  No

The application must be signed and dated. By signing this document, you attest that the information contained on it is true and correct to the best of your knowledge and belief. If you checked "Yes" above, sign and date the application.

Signature

Date

If you checked "No" above, you must complete the following:

I swear that the information provided on this form is true and accurate to the best of my knowledge and belief.

**If this report is signed by an agent, it must be sworn to before a notary public. Also, a copy of the agent's appointment form (State of Texas Form 1.111) which indicates such agent's authority to act must be on file with the appraisal district.**

Signature

Date

I attest that the individual signing above subscribed and swore to the accuracy and truth of the information provided on this form before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

On behalf of (name of owner)

Title

For additional information about this property, contact (name)

Present Mailing Address (number and street)

City, Town or Post Office, State, ZIP Code

Phone (area code and number)

**Any person who makes a false entry upon the foregoing record shall be subject to one of the following penalties: 1. Imprisonment of not more than 10 years and/or a fine of not more than \$5,000 or both such fine and imprisonment; 2. Confinement in jail for a term up to 1 year or a fine not to exceed \$2,000 or both such fine and imprisonment as set forth in Section 37.10, Penal Code.**

#### For Harris County Appraisal District Use Only

Real Property

Personal Property

Date Property was viewed \_\_\_\_\_

Oil or Gas Property

Date Appraisal was reviewed \_\_\_\_\_

Reviewer's Determination

Reviewer's Name

Date

Reviewer's I D