



El Paso Central Appraisal District
5801 Trowbridge Drive
El Paso, Texas 79925-3345

REQUEST FOR EVIDENCE
Must Have Filed a Protest on Listed Account(s) Prior to Request

Effective June 18, 2007, (in accordance with Subchapter C, Chapter 552.148, Government Code), sales information is no longer considered open records. However, evidence requested under Section 41.461 (a) (2), Texas Property Tax Code, for Appraisal Review Board hearings, must be disclosed. As a requesting party under Section 41.461 (a) (2), you agree to keep the released information confidential and in your possession. This information may not be disclosed or used for any purpose except as evidence or argument at the hearing on the protest. By filing this form, you indicate your acceptance of all of the restrictions described.

To: Chief Appraiser

Per Section 41.461, Texas Property Tax Code, I respectfully request:

[] to inspect the evidence for the following account(s). [] a copy of the evidence for the following account(s).

PID#s or Address: [] Attached list

Table with 2 columns and 3 rows for account information.

I would like the evidence copied on: [] paper [] electronic media

(I understand that copies can be obtained for a fee of 10 cents per page or \$3 per DVD to a maximum of \$15 for each residential property and \$25 for each non-residential property for normal charges and as time and personnel permit.)

I request that the evidence be:

[] available for pick up at the EPCAD office, Deeds and Exemption counter.
[] mailed to me at the following address:

Taxpayer/Agent _____

Address _____

Email _____ Agent Code _____

[] I authorize the district to charge my account previously established and authorized.
[] I will arrange for payment prior to mailing.

PAYMENT OPTIONS: Check for exact amount payable to El Paso Central Appraisal District or exact amount in cash. EPCAD does not accept credit/debit cards.

X _____ Date _____
Signature Date

You will be notified as soon as your request is available for review or pickup.

X _____ Date _____
Received/Reviewed Date

Approved by: _____

Waldo Alarcon Date
Records & Archives Manager

_____ ARB Packet Initials

Notification for pickup by:
(Check One)

[] Phone Number
[] Cellular Number

Internal Received Stamp and Receiver's initials:
Date Notified:
Type:
Initials:
Date Mailed/Rec'd:
Initials: