

Return Completed Application To:
Galveston Central Appraisal District
9850 Emmett F. Lowry Expressway,
Suite A101
Texas City, TX 77591

APPLICATION FOR RE-APPOINTMENT TO THE GALVESTON APPRAISAL REVIEW BOARD

**This form to be used by members whose term
expires in the current year**

Read and answer each question carefully. Your answers will be used to determine your eligibility for appointment and qualifications for service on the board.

1. Applicant Information

Name (Last First, Middle Initial) _____

Telephone Number (area code and number
Daytime ()

Evening()

Cell ()

Current Mailing Address (number, street or P.O. Box) _____

Home Street Address if different from above

E-mail Address _____

City

State

Zip Code

Social Security Number

Texas Drivers License Number

2. Service Required

Appraisal Review Board hearings normally begin in June and conclude on or before the end of September. You may be required to work eight (8) hours per day, five or six days a week, for an extended period of time. The average time period is eighty-five (85) to ninety (90) days during June, July, August, and September (some Saturdays required). Regular board meetings as well as supplemental hearings will normally be held monthly during the remainder of the year. If you have commitments during the months of June, July, August, and September that may interfere with your service, please indicate below:

A person who has served for all or part of three consecutive terms as a board member on an appraisal review board is ineligible to serve on the appraisal review board during a term that begins on the next January 1 following the third of those consecutive terms.

Once appointed, would you be willing to resign your position as an Appraisal Review Board Member if you discover that, due to business or other commitments, you would no longer be able to serve the days required during the ARB hearing process?

Yes No If no, please explain _____

3. Delinquent Taxes

In the space below, please list all properties which you currently own in whole or in part. Include both real property and business personal property. Include community property and property owned by partnerships or sole proprietorships. Please give the appraisal district account number or the location address (and business name, if applicable) of the property, the years for which taxes are owed, and the taxing entities to which the taxes are owed.

1. Are taxes delinquent on any of these properties? _____ 17. Yes No

Account Number	Location Address	Owner or Business Name	Years for which taxes are owed (if applicable)	Entities to which taxes are owed (if applicable)

4. Conflict of Interest

Has anything happened since the original application that would cause a conflict of interest, also are the facts stated on the original application still the same as they were originally? If they have changed, please explain below.

5. Signature and Affirmation

I have read this application carefully. The information I have given in it is true and correct. I understand that omitting or misrepresenting information could result in failure to consider this application. I also understand that it is a criminal violation to make a false statement on this application.

Signature and affirmation of person preparing this application:

I affirm that the information contained in this application and all attachments, if any, is accurate and complete to the best of my knowledge and belief, and authorize the Galveston Appraisal Review Board or its representative to verify the statements I have made. The amount paid as a daily rate will be set at the beginning of each year. I am aware and agree that I will be an independent contractor and not an employee of Galveston Appraisal District.

Printed Name

Applicant Signature

Date