

APPENDIX E
BURNET CENTRAL APPRAISAL DISTRICT
P.O. BOX 908, BURNET, TX 78611
PH# 512-756-8291, FAX# 512-756-7873

APPLICATION FOR THE APPRAISAL REVIEW BOARD

Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone(s): _____
Email: _____

Please answer following questions either yes or no:

1. Are you a resident of Burnet County and have you resided in the County For at least two years? _____
2. Are you related within the second degree by consanguinity or affinity as determined by Chapter 573, Government Code, to an individual who is engaged in the business of appraising property for compensation for use in proceedings under this title or of representing property owners for compensation in proceedings under this title in the appraisal district for which the appraisal review board is established? _____
3. Do you own property on which delinquent taxes have been owed to a taxing unit for more than 60 days? _____
4. Are you a member of the board of directors, an officer, or employee of the appraisal district, an employee of the comptroller, or a member of the governing body, officer, or employee of a taxing unit? _____
5. Have you served on the review board for all or part of three consecutive terms as a board member? _____
6. Will you commit to attending required training seminar? _____

Please attached your resume or describe your prior work experience that you feel qualifies you to serve as an appraisal review board member.

I swear that the information that is provided is true and correct to the best of my knowledge.

Sign

Date