



## Grayson Central Appraisal District

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### Tax Ceiling Transfer Request

Name: \_\_\_\_\_

Account: \_\_\_\_\_ Property Address: \_\_\_\_\_

**Year to transfer Tax Ceiling:** \_\_\_\_\_

New Property Address: \_\_\_\_\_

Account: \_\_\_\_\_ New Appraisal District: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### New Mailing Information

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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Office Use Only:

Processed:

\_\_\_\_ Approved  
\_\_\_\_ Modified  
\_\_\_\_ Denied  
\_\_\_\_ Cancelled

Processed by: \_\_\_\_\_  
Process Date: \_\_\_\_\_  
\_\_\_\_ Scanned