



# Edwards Central Appraisal District

P.O. Box 858    Rocksprings, Texas 78880

Ph.: 830-683-4189    Fax: 830-683-4193

Email: [ecad@swtexas.net](mailto:ecad@swtexas.net)

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## Change Request Form

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

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

Property ID or Description: \_\_\_\_\_

Please indicate the changes you would like made to your property account:

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Property Owner's Signature: \_\_\_\_\_

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

\*Please provide a copy of documentation that will allow our office to complete the request, if applicable.

-----For office use only-----

Received date: \_\_\_\_\_

Processed by: \_\_\_\_\_