



Report of Decreased Value

Property Tax
Form 50-127

CONFIDENTIAL

Year _____

Appraisal District's Name _____

Phone (area code and number) _____

Address, City, State, ZIP Code _____

GENERAL INSTRUCTIONS: This application covers property you owned on January 1 of this year. If you believe the property's appraised value decreased during the preceding tax year for any reason other than normal depreciation, you must file this completed form after January 1 and not later than April 15 of this year. You may ask for additional time if you can show good cause to the chief appraiser. Return the completed form to the address above.

STEP 1: Property Owner's Name and Address

Property Owner's Name _____

Present Mailing Address _____

City, State, ZIP Code _____

Phone (area code and number) _____

STEP 2: Describe the Property

Legal Description _____

Taxing units in which property is located. _____

State the property's market value (optional) _____

Explain in detail the nature and cause of the value decrease and how it affected the property's value. _____

The report of decreased value is confidential and not open to public inspection, except for those instances set forth in Tax Code Section 22.27(b).

STEP 3: Sign the Application

Are you the property owner, an employee of the property owner, or acting on behalf of an affiliated entity of the property owner? Yes No

The application must be signed and dated. By signing this document, you attest that the information contained on it is true and correct to the best of your knowledge and belief. If you checked "Yes" above, sign and date the application.

sign here ▶

Signature _____

Date _____

If you checked "No" above, you must complete the following:

I swear that the information provided on this form is true and accurate to the best of my knowledge and belief.

sign here ▶

Signature _____

Date _____

I attest that the individual signing above subscribed and swore before me the accuracy and truth of the information provided on this form before me

this _____ day of _____, 20_____.

Notary Public Signature _____

Commission expires: _____

Notary Public Printed Name _____

STEP 3: Sign the Application (continued)

On Behalf of *(name of owner)*

Title

For additional information about this property, contact *(name)*

Present Mailing Address

City, State, ZIP Code

Phone *(area code and number)*

Any person who makes a false entry upon the foregoing record shall be subject to one of the following penalties: 1. imprisonment of not more than 10 years nor less than 2 years and/or a fine of not more than \$5,000 or both such fine and imprisonment; 2. confinement in jail for a term up to 1 year or a fine not to exceed \$2,000 or both such fine and imprisonment as set forth in Section 37.10, Penal Code.

FOR APPRAISAL DISTRICT USE

Reviewer

Title

Real property

Personal property

Oil or gas property

Date property was viewed. _____

Date property was viewed. _____

Reviewer's determination: