

YEAR (for which request is made)

REQUEST FOR SEPARATE TAXATION OF STANDING TIMBER

Appraisal district name	Phone (area code and number)
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Address

To qualify for the taxation of standing timber separate from the land on which it is located, either the owner of the land or of the timber must submit this request form to the chief appraiser for the appraisal district in which the land is located between January 1 and April 30 of this tax year.

In addition, the applicant must prove separate ownership by supplying the chief appraiser with the following documents:

Step 1: Owner's name and address	Owner's name _____ Current mailing address (number and street) _____ City, town or post office, state, ZIP code _____	Phone (area code and number) _____
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Step 2: Describe the Property	Please indicate whether the property owner listed above owns an interest in the land or the standing timber involved in this request. (Check one) <input type="checkbox"/> Land <input type="checkbox"/> Standing Timber Describe the property: _____ _____ Address or location of property: _____ _____
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Step 3: Agent's name and address	Authorized agent (if different from above) _____ Current mailing address (number and street) _____ City, town or post office, state, ZIP code _____
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Step 4: List owner's name and address (attach additional pages if needed)	Please list the names and addresses of all persons who own an interest in the land or the timber and indicate whether their interest is in land or the timber. _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;"> Owner's name _____ Current mailing address (number and street) _____ City, town or post office, state, ZIP code _____ </td> <td style="width:30%; padding: 5px;"> Check one <input type="checkbox"/> Timber <input type="checkbox"/> Land </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;"> Owner's name _____ Current mailing address (number and street) _____ City, town or post office, state, ZIP code _____ </td> <td style="width:30%; padding: 5px;"> Check one <input type="checkbox"/> Timber <input type="checkbox"/> Land </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;"> Owner's name _____ Current mailing address (number and street) _____ City, town or post office, state, ZIP code _____ </td> <td style="width:30%; padding: 5px;"> Check one <input type="checkbox"/> Timber <input type="checkbox"/> Land </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;"> Owner's name _____ Current mailing address (number and street) _____ City, town or post office, state, ZIP code _____ </td> <td style="width:30%; padding: 5px;"> Check one <input type="checkbox"/> Timber <input type="checkbox"/> Land </td> </tr> </table>	Owner's name _____ Current mailing address (number and street) _____ City, town or post office, state, ZIP code _____	Check one <input type="checkbox"/> Timber <input type="checkbox"/> Land	Owner's name _____ Current mailing address (number and street) _____ City, town or post office, state, ZIP code _____	Check one <input type="checkbox"/> Timber <input type="checkbox"/> Land	Owner's name _____ Current mailing address (number and street) _____ City, town or post office, state, ZIP code _____	Check one <input type="checkbox"/> Timber <input type="checkbox"/> Land	Owner's name _____ Current mailing address (number and street) _____ City, town or post office, state, ZIP code _____	Check one <input type="checkbox"/> Timber <input type="checkbox"/> Land
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**Step 5:
Sign the form**

I hereby affirm that the standing timber is separately owned from the land on which it is located, each being owned by persons identified in this request.

I hereby request that the standing timber located on the land described in this request be listed on the appraisal records of the appraisal office separately from the land on which the timber is located.

I certify that the information given on this form is true and correct to the best of my knowledge and belief.

sign
here

Signature

Date