AFFIDAVIT FOR CERTIFICATION OF HISTORIC OR ARCHEOLOGICAL SITES

This form must be returned to the City of Austin Historic Preservation Office by January 15 of the year in which the property owner is seeking the property tax exemption.

THE STATE OF	, COUNTY OF		
Owner's Name		TCAD ID	
		Property Name	
Owner's Telephone		Property Address	
Owner's Email		Zoning Case No. C14H-	
Select one: Homest	ead Non-homestead ere if not 100% Homestead		
BEFORE ME THE UNDER WHO, BEING DULY SWO			[AFFIANT NAME HERE],
I am the owner of the pi	e and am competent to sigr roperty identified above or a ption for the property ident	a delegated agent of said owner.	
•		maintenance of the historic land f the year for which this exempti	•
This property is a Rec	corded Texas Historic Landm	nark or State Antiquities Landma	rk.
This property is in ne	_	e its preservation and maintenar r, as prescribed by the Land Dev	•
	Signature	•	
		Owner or Owner's Agent	Date
Subscribed and sworn to	 before me. by fowner/age	nt]	, this
		, to certify which witness my har	
	<u>-</u>	Notary Public, State of	
		My commission expires	
To be compl		TIFICATION I forwarded to the Travis County A	naraical District
ro be compi	eteu by the City of Austin unit	I forwarded to the Travis County A	ppraisai District
ndmark or State Antiquit This is to certify that ncourage its preservation This is to certify that	ies Landmark and is being p t the historic property for and is being preserved and the historic property for w	ch the exemption is requested is reserved and maintained as reques which the exemption is reques maintained as required by the Ci hich the exemption is requested as maintained as required by the	uired by the City Code. ted is in need of tax relief to ity Code. d is <i>not</i> in need of tax relief to
omments:			
	City of Austir	Historic Preservation Officer	Date