



# Karnes County Appraisal District

915 S. Panna Maria Ave.  
Karnes City, Texas 78118  
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## REQUEST FOR APPOINTMENT TO THE APPRAISAL REVIEW BOARD (ARB)

I wish to be considered as an Appointee to the Karnes County Appraisal Review Board (ARB).

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

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

Phone #: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you been a resident of Karnes County for two years or more?  Yes  No

Are you related within the second degree by blood or marriage to a person engaged in appraising property for tax purposes or a tax agent paid to represent property owners in proceedings at the appraisal district?  Yes  No

Are you related within the third degree by blood or second degree by marriage to an appraisal district Board of Directors member or an Appraisal Review Board member?  Yes  No

Are you an appraisal district Board of Directors member, officer or employee, a taxing unit governing body member, officer or employee or a Comptroller employee?  Yes  No

Do you owe delinquent property taxes to a taxing unit for more than 60 days after the date the delinquency is known or should have been known, unless it is being paid under a delinquent tax installment agreement or has been deferred or abated?  Yes  No

Do you have a contract or a substantial interest in a business that has a contract with the appraisal district or with a taxing unit served by the appraisal district?  Yes  No

Because ARB members are paid per diem, the Texas Constitution prohibits a person from holding more than one paid public office.

Are you or have been elected to a paid public office?  Yes  No

Have you ever served on the ARB in the past?  Yes  No

If yes, when did you serve and for how long? \_\_\_\_\_

Do you have a background in Law?  Yes  No

If yes, what is your Law background? \_\_\_\_\_  
\_\_\_\_\_

Do you have a Real Estate or Property Appraisal background?  Yes  No

If yes, what is your Real Estate or Property Appraisal background? \_\_\_\_\_  
\_\_\_\_\_

Would you like to be considered for the appointment of ARB Chairperson?  Yes  No

Would you like to be considered for the appointment of ARB Secretary?  Yes  No

I hereby swear and affirm the above information provided to be true and correct.

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

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Please contact our office if you have any questions.