



Bastrop Central Appraisal District
212 Jackson Street
P.O. Drawer 578
Bastrop, Texas 78602
512-303-1930

CUSTOMER ACTION FORM

Date: _____

CUSTOMER ACTION FORM: CUSTOMER RESPONSE

REQUESTOR INFORMATION

Property Account Number

Email Address

Requestors Name

Phone Number

TYPE OF REQUEST

☐

COMPLAINT a statement that a situation is unsatisfactory or unacceptable:

☐

COMMENT/SUGGESTION an opinion, idea or plan put forward for consideration:

AGAINST

☐

ARB

☐

BOD

☐

Chief Appraiser

☐

CAD Staff

☐

CAD General

DETAILS

Please complete the details of your complaint, comment or suggestion.

You may also attach your written statements to this form.

Sign and date form.

You may mail, hand deliver or email completed signed form to the address above or the email address:
tlo@bastropcad.org

REQUESTOR

Signature _____ Date _____

TLO Use Only (Dates): Received from Requestor: _____