

2024-2025
BOARD OF DIRECTORS ELECTION
GENERAL INFORMATION SHEET

Name: _____

(Please print name as you wish it to appear on nameplate, if elected)

***** Dear Taxing Unit:** This document was created for your purposes and should be used to verify the qualifications of nominees.

***** Dear Applicant:** If you, for any reason, do NOT meet the qualifications listed in this document, please contact your nominating taxing unit immediately.

Pursuant to Section 6.03 of the Texas Property Tax Code:

1. Are you an employee of a taxing unit in Williamson County? *(This includes part-time employment. If you need a list of taxing units, please contact the appraisal district office.)* Yes No

***** Note:** If you answered YES and do not meet the qualifications listed in #2 below, please contact the nominating taxing unit immediately.

2. If you answered YES, are you also a member of the governing body or elected official of that taxing unit? Yes No

Note: An employee of a taxing unit that participates in the CAD is not eligible to serve on the Board of Directors, unless that individual is also a member of the governing body of the taxing unit or an elected official of a taxing unit.

Pursuant to Government Code Chapter 573:

3. Is any relative of either you or your spouse employed by the Williamson Central Appraisal District in any capacity, or a member of the WCAD Appraisal Review Board? Yes No

If yes:

Relative's Name: _____

Relative's Address: _____

Degree of Relationship: _____

WCAD Position: _____

Note: An answer of "Yes" may disqualify you, depending on the relative's position and the degree of relationship. Please check with your nominating taxing unit.

Pursuant to Section 6.03 of the Texas Property Tax Code:

4. Are you a resident of Williamson County? Yes No
5. How long, in years, have you resided in Williamson County? _____

Note: To be eligible to serve on a Board of Directors, an individual must have resided in the CAD for at least two years immediately preceding the date of taking office. This requirement does not apply to a County Tax Assessor Collector serving as a non-voting Director.

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6. Have you appraised property for compensation for use in proceedings or represented property owners for compensation in proceedings in Williamson County at any time within the preceding three years? Yes No

Note: A person who has appraised property for compensation for use in proceedings or represented property owners for compensation in proceedings in the CAD at any time within the preceding three years is ineligible to serve on the Board of Directors.

7. Have you owned property on which delinquent taxes have been owed to a taxing unit for more than 60 days after the date you knew or should have known of the delinquency unless?

- The delinquent taxes and any penalties and interest are being paid under an installment payment agreement
- A suit to collect the delinquent taxes is deferred or abated

Yes No

Note: To be eligible to serve on the Board of Directors, a member must NOT own property on which delinquent taxes have been owed to a taxing unit for more than 60 days after the date the individual knew or should have known of the delinquency unless the individual meets one of the criteria listed above.

8. Have you contracted with the appraisal district, or on a tax related matter with a taxing unit served by the appraisal district, or do you have a substantial interest in a business that contracts with the appraisal district or a taxing unit served by the appraisal district?

Yes No

Note: A person who contracts with the appraisal district or on a tax related matter with a taxing unit served by the appraisal district or who has a substantial interest in a business that contracts with either the appraisal district or a taxing unit served by the appraisal district is ineligible to serve on the Board of Directors.

*****IF YOU NOTED ANY REASON YOU MAY NOT MEET THE QUALIFICATIONS LISTED ABOVE, PLEASE CONTACT YOUR NOMINATING TAXING UNIT IMMEDIATELY.**

Signature of Applicant

Date

(Continued on next page)

Applicant Information:

Home Address: _____

Business Address: _____

Home Phone: _____ **Email:** _____

Business Phone: _____

Cellular Phone: _____

Emergency Contact Name: _____

Phone: _____

Relationship: _____

IF ELECTED, where do you want to receive hand deliveries (when necessary)?

IF ELECTED, where do you want to receive mail? _____

IF ELECTED, do you want your address and phone number kept confidential?

Yes No

Signature of Presiding Officer

Date