



# Designation of Tax Refund

Property Tax  
**Form 50-765**

Pursuant to Texas Tax Code Section 42.43, a property owner who prevails in an appeal of an appraisal review board determination of value to district court may designate to whom and/or where a property tax refund is to be sent.

By completing this form, you (Property Owner) designate the following individual to receive the refund resulting from a post appeal judgment. The entire form must be completed for the local tax office to process the refund. Unless specifically authorized by providing a separate written request that the refund check be made payable to another person, the refund check shall be made payable to the property owner and sent to the designee as requested by the timely submission of this form.

## TAXING UNIT INFORMATION

Collecting (Taxing Unit) Office Name

Mailing Address

City, Town or Post Office, State, ZIP Code

## PROPERTY OWNER INFORMATION

Property Owner Name and Address:

Property Description: (Provide legal description or other information from appraisal records sufficient to identify the property or attach a copy of the tax receipt.)

Property Account Number or Statement Number:

Final Judgment Cause Number: (Please provide entire number.)

## ASSIGNMENT OF RIGHT TO A REFUND

I am the property owner or a duly authorized representative of the property owner entitled to a refund of ad valorem taxes arising from an appeal under Texas Tax Code Chapter 42. By executing this Assignment of Right to a Refund, the property owner assigns all rights and interest for the tax refund to be delivered to the designated individual or firm.

I, \_\_\_\_\_, hereby designate the refund on the above named property be sent to the following:

Please check appropriate box (check only one box)

- Property Owner – If using different address than above Information, please provide in the space below:
- Business office of attorney of record in the appeal located at the following mailing address:
- Another individual and address as designated in the following information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

## SIGN THE APPLICATION

Property Owner or Duly Authorized Representative

Date