

## **APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF APPRAISER CONTACT INFORMATION**

P.O. Box 12188, Austin, Texas 78711-2188

FEES			DATE RECEIVED
	NO FEE REQUIRED		
	DO NOT WRITE AB		
	ALL INFORMATION MUST BE 1	TYPED OR PRINTED IN IN	К.
full Legal Name of AMC (as it appears or	n registration)		TALCB Registration No.
ADDITION OF APPRAISER CONTA	ACT		
hereby request that the appraiser r	named below be added as a new	appraiser contact for the	AMC.
Name			
			5 dada Pala
Certification/License No.		State	Expiration Date
Place of Business Address (may be a fix	ed street address OR a Post Office Box)		Apt. or Suite
City	State Zip	Code Phone Numb	per
Email Address			
TERMINATION OF APPRAISER CO	ONTACT		
hereby request that the appraiser r		ppraiser contact for the A	AMC.
Name			
Certification/License No.		State	Expiration Date
Email Address			
certify that the information prov	rided on this form is true and co	rrect.	
	outhority to Sign on Rehalf of AMC		Date Signed
Signature of Person with A			
Signature of Person with A			

- (1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.
- (2) Under Sections 552.021 and 552.023 of the Governmental Code, the individual is entitled to receive and review the information.
- (3) Under Section 559.004 of the Governmental Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.