



Grayson Central Appraisal District

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APPRAISAL REVIEW BOARD HEARING RECORDING ORDER FORM

REQUESTED BY:	
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MAILING ADDRESS:

Street: _____

City: _____

State: _____ **Zip Code:** _____

OWNER NAME:	
PROPERTY ID#:	
CASE NUMBER:	
DATE OF HEARING:	
MEDIA SELECTION:	<input type="checkbox"/> Digital Format (.wav) <i>Sent to the email provided on this form</i> <input type="checkbox"/> Physical Format (USB DRIVE) <i>Sent to the mailing address provided on this form</i>
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Printed Name* _____

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PROCESSED BY: _____

DATE: ____/____/____