

## 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 ABOVE THIS LINE	
ALL INFORMATION MUST BE TYPED OR PR	INTED IN INK.
Full Legal Name of AMC (as it appears on registration)	TALCB Registration No.
ADDITION OF APPRAISER CONTACT	
I hereby request that the appraiser named below be added as a new appraiser co	ntact for the AMC.
Name	
Certification/License No. Sta	te Expiration Date
·	
Place of Business Address (may be a fixed street address OR a Post Office Box)	Apt. or Suite
City State Zip Code	Phone Number
Email Address	
TERMINATION OF APPRAISER CONTACT	
I hereby request that the appraiser named below be removed as an appraiser con	tact for the AMC.
Name	
Certification/License No. Sta	te Expiration Date
- Email Address	
I certify that the information provided on this form is true and correct.	
Signature of Person with Authority to Sign on Behalf of AMC	Date Signed
Typed or Printed Name	Title
PRIVACY NOTICE	
In accordance with Chapter 559, Government Code, the following notice about cert	
(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.	
<ul> <li>(2) Under Sections 552.021 and 552.023 of the Governmental Code, the individual is entitled to receiv</li> <li>(3) Under Section 559.004 of the Governmental Code, the individual is entitled to have the governmental incorrect.</li> </ul>	