Complete the Public Information Request form below to request Public Information (PIR)
Keep a copy of the form for your records. Questions? Call (281) 344-8623

Note: This form is not required—however—it is highly encouraged to assist FBCAD Staff in properly identifying the documents requested, ensuring timely response, compliance and/or delivery.

Please Print Legibly or Type

Requestor Name: __________________________
Company/Organization: _______________________
Type of Requestor: ____________________________
Mailing Address: ______________________________
City: ____________________ State: __________ ZIP code: __________
E-Mail Address: ____________________________ Phone Number: __________

Appraisal Years Subject to Request: ____________________
Information Requested: ________________________________
Property Address(es)/ID Number(s): ___________________________

Charges for Public Information

Property Record Card(s): $0.10/each (Free for Owner)
ARB Hearing Audio on CD: $1.00 / each
Standard Size B&W Copies (8.5 x 11): $0.10 / each
Standard Size COLOR Copies (8.5 x 11): $0.50 / each
Plat Copies (8.5 x 11) B&W: $0.25 each /COLOR: $0.50 each

Electronic Data Requests

Computer Programming Time: $28.50 / HR
Research / Personnel: $15.00 / HR
Overhead Charges: 20% of Labor Charges

How Would You Like To Receive Information?

☐ Pick Up
☐ Email Me
☐ Mail It to Me (Additional Postage Charges May Apply)

Requestor's Signature ____________________________ Date __________

Send Completed Form To:
Fort Bend Central Appraisal District
Attn: Public Information Officer
2801 B.F. Terry Blvd.
Rosenberg, TX 77471-5600
Email: pia@fbcad.org

FBCAD USE ONLY

Date Request Received: ____________________________ Dept. Request Receive By: ____________________________
Dept. Assigned To: ____________________________ Document Pickup or Mail Date: ____________________________
Total Charges: $ ____________________________ Date of Payment: ____________________________
Received By: ____________________________ Payment Received By: ____________________________
Date: ____________________________