Company Name

EXTENSION REQUEST FORM FOR 2025 BUSINESS PERSONAL PROPERTY RENDITION FILING DEADLINE

VCAD USE ONLY-STAMP

	ENDITION FI	LING DEADLINE				
BPP USE ONLY - (STAMP ETC)			GEO. ID:			
Specify the mailing address where you would like our reply to this submission sent (if applicable.)		VCAD USE ONLY – DETERMINATION HERE				
Name:		Extension to May 15 omments:	May 30 th	is Granted Denied		
Cty/St/Zip:	Sı	ipervisor: _		Date:		
	1. REAI	D THIS				
To ensure timely processing, please (1) use a separate for above. A penalty of 10% of the tax liability will be impextended to the next regular business day. Completed but later than April 15st each year. On timely written request by 30 days to May 15st. If the initial 30 day extension is 30th upon good cause shown timely in writing by the prop	osed for failure to f siness personal prope by the property owne timely requested, the erty owner.	ile a timely rendition. Do erty renditions must be do er, the chief appraiser sha e chief appraiser may fur	eadlines that fall or elivered to the chief ll automatically ext	n weekends and legal holidays ar f appraiser after January 1 st and no end a deadline for filing a renditio		
	OWNER / BUSINE	ESS INFORMATION				
Owner/Manager's Name:		Business Name:				
Owner's Address:	Business Location:					
Owner's City, State, ZIP Code:		Business Mailing Addre	ess:			
Owner's Phone (area code and number) and Fax Number:		Business City, State, ZI	P Code			
Agent's name:		Business Phone (area co	ode and number) and	d Fax Number:		
Agent's Address:		Square Footage:				
Agent's City, State, or ZIP Code		Description of Business	:			
Agent's Phone (area code and number) and Fax Number:						
	3. EXTENSIO	N REQUEST				
I request an automatic 30 day extension to May 15 I have previously been granted a 30 day extension day extension to May 30 th for the following good of	to May 15st for filing			tion 2 and request an additional 15		
This form must be signed and dated. By signing this docu and belief, and if applicable, that you are authorized to rep		the information contained	on it is true and con	rrect to the best of your knowledge		
SIGN UEDE Signature						
HERE Signature	Date					
Printed Name						
Title						