

APPEAL OF REAL PROPERTY APPRAISAL

CLARENDON COUNTY ASSESSOR'S OFFICE

411 Sunset Drive
 Manning, SC 29102
 Phone (803) 435-4423
 Fax (803) 435-8905



Tax Map/Parcel Number

Current Year

2019

TAX PAYER'S APPEAL MUST BE RECEIVED NO LATER THAN JANUARY 15, 2020

or within Ninety (90) days of the date of the Assessment Notice, whichever comes first of the current tax year to appeal

NAME OF PROPERTY OWNER(S)	PROPERTY LOCATION/LEGAL DESCRIPTION
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INCOMPLETE OR UNSIGNED APPEALS WILL NOT BE PROCESSED

Under The Provisions Of Section 12-60-2560, Code Of Laws of S.C., 1976, I Hereby Appeal To The Appraisal/Assessment of the Following Described property:

Please Circle or Fill In all that apply to the property that you are appealing

PROPERTY TYPE	Single-Family Home	Commercial	Vacant Land	Agricultural Land	Multi-Family Apt.	# Of Units _____		
	Mobile Home & Land	Mobile Home Only	Condo	VIEW: Water Golf				
YEAR PURCHASED	PURCHASE PRICE	YEAR BUILT	Remodeled in the last five (5) years?	Number of Full Baths	Number of Half Baths	Number of Bedrooms	Number of Fireplaces	
HEATED LIVING AREA	Is there an Inground Pool?	ATTIC/BASEMENT AREA		LIST ALL OTHER BUILDINGS ON PROPERTY				
SQ.FT.		Unfinished	SQ.FT.					
		Finished	SQ.FT.					
PARKING:	None	Garage	Carpport	Is there a room over the Garage?		ROOM OVER GARAGE		
SQ. FT.	Single	Double	Attached	Detached	NO	YES	Finished	SQ.FT.
Central Heat/Air?	Is this Your Full Time Residence?			Is any portion of this property being used for business purposes?				
NO	YES	NO	YES	NO	YES	If YES, give a brief description of business:		

STATE YOUR SPECIFIC REASON FOR YOUR APPEAL OF MARKET VALUE (ATTACH ADDITIONAL PAGES, IF NEEDED)

OWNER'S ESTIMATE OF TOTAL MARKET VALUE OF LAND AND IMPROVEMENTS:

\$

***** FILING OF AN APPEAL OF THE ASSESSMENT OF REAL PROPERTY *DOES NOT* PRECLUDE THE TAX LIABILITY. *****

INCOMPLETE OR UNSIGNED APPEALS WILL NOT BE PROCESSED. This form must be returned to the Clarendon County Assessor's Office no later than **JANUARY 15, 2020** or within Ninety (90) days of the date of the Assessment Notice, whichever comes first, of the current tax year to appeal the appraised value.

I certify that the descriptions and statements contained in this application are, to the best of my knowledge, both correct and true. Permission is granted to conduct interior and exterior inspections of the subject property as deemed necessary the the Clarendon County Assessor's Office.

I shall attach all documentation supporting my estimate of Market Value with this appeal for processing and consideration. I also acknowledge, that as a result of my appeal, my Property Value *IS NOT* guaranteed to decrease. I am authorizing and requesting a new appraisal to be conducted on my Property and I understand that the value may *INCREASE, DECREASE or REMAIN AT ITS CURRENT VALUE*.

***** **DO NOT FAX OR EMAIL YOUR APPEAL!!!!** *****

SIGNATURE OF OWNER/AGENT**		DATE	
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IF AGENT SIGNED FOR OWNER, ATTACH COMPLETED AUTHORIZATION (POA) FORM THAT PROVIDES AUTHORITY FOR AGENT TO SIGN ON BEHALF OF THE OWNER

MAILING ADDRESS OF OWNER/AGENT (Please Print Clearly)	TELEPHONE NUMBERS
	HOME
	MOBILE
	OTHER

APPEALS DUE ON OR BEFORE JANUARY 15, 2020 OR WITHIN 90 DAYS OF THE DATE OF THE ASSESSMENT NOTICE

PLEASE COMPLETE ONE APPEAL FORM FOR EACH PARCEL YOU WISH TO APPEAL