Attention Online Users: You can easily fill in this application on your PC and then print, sign, and bring to the Assessor's Office or use US Mail. DO NOT FAX OR EMAIL YOUR APPEAL!

Office Use Only Market:					Georgetown County Assessor's Office P.O. Box 421270				æ				MS# or Decal#		
Assigned:	129 Screven Street, Georgetown (843) 545-3017				n, SC, 29442	SC, 29442-4200			Current Year						
NAME OF PROPERTY OWNER(S)									PROPERTY LOCATION / LEGAL DESCRIPTION						
INCOMPLETE AND UNSIGNED APPEALS WILL NOT BE PROCESSED Under The Provisions Of Section 12-60-2510-2560, Code of Laws Of S.C., 1976, I hereby Appeal To The Appraisal/Assessment Of The Following Described Property:															
PROPERTY TYPE		ome 🗌 Com		ant Land Agricultural Land Mobile Home Only Mobile Home & Land											
	Apts(Number of Units)				Condo (water View? Golf View?) Other (Describe):										
Year Purchased Purch	Remodeled in Numbe Last 7 years? Half Ba				Number of Full Baths	Il Baths Bedrooms			Number of Fireplaces						
Square Footage					are Footage 'Unfinished			LIST ALL OTHER BUILDINGS ON PROPERTY]	
NO Unfi			Unfinished	d		SQ. FT.									
YES [Finished		SQ. FT.										
Garage or Carport?	If Yes, Single or Double?			Attached or Detached?			Garage / Carport Square Footage			loom ovei	om over Garage? If Yes, Is Room Finish		Finished?		
NO Yes								N		NO Yes N		NO Yes			
Central Heat/Air	our Full	sidence? Any Portion of This Property Being U					ed as Business? Finished Sq Ft								
NO Yes		N		es 🗌		NO 🗌	Yes		es, List Type						
STATE YOUR SPECIFIC REASON FOR YOUR APPEAL OF MARKET VALUE (ATTACH ADDITIONAL PAGES, IF NEEDED) 12-60-450															
OWNER'S ESTIMATE OF TOTAL MARKET VALUE OF LAND AND IMPROVEMENTS															
IMPORTANT Filing of An Appeal Of The Assessment Of Real Property Does Not Preclude The Tax Liability. PLEASE READ Incomplete and Unsigned Appeals Will Not Be Processed. This Form Must Be Returned To The Georgetown County Assessor's Office No Later Than January 15, 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 Description And Statements Contained In This Application Are, To The Best Of My Knowledge, Both Correct And True And Permission is Granted To Conduct Inside And Outside Inspections Of The Subject Property As Deemed Necessary By The Georgetown County Assessor's Office.															
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 Done On My Property And I Understand That The Value May Increase, Decrease Or Remain At Its Current Value.															
SIGNATURE OF OWNER/AGENT												D	ATE		
					CH AUTHOR				AUTHORITY FO	R AGEN	T TO SIGN		LF OF OWNER. PHONE NUMBERS		
		APF	PEALS DU	E ON OF	BEFORE JA	NUARY 1	5 OR			ELL HE ASS	SESSMEN	IT NOTICE	•		

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