

**REFUND CLAIM REQUEST**  
**Pursuant to S. C. Code of Laws 12-60-2560**  
**to Abbeville County Assessor's Office**

Please provide the following information so that Abbeville County may consider your request for a refund.

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Tax Map Number: \_\_\_\_\_

Location: \_\_\_\_\_

Brief explanation of why refund is due: \_\_\_\_\_

\_\_\_\_\_

Years for which refund is requested: \_\_\_\_\_

I, \_\_\_\_\_, by signing do hereby request the above refunds.

Date: \_\_\_\_\_

Mail to :       Abbeville County Assessor's Office  
                  901 W. Greenwood St. Suite 2200  
                  Abbeville, SC 29620

Or fax to: (864) 366-6635

**Any questions, please call (864) 366-5312 ext. 51**