



APPLICATION FOR REAPPRAISAL OR REASSESSMENT OF REAL PROPERTY

ABBEVILLE COUNTY ASSESSOR'S OFFICE
901 W GREENWOOD ST, SUITE 2200 ABBEVILLE, SC 29620
TELEPHONE (864) 366-5312, ext 51 FAX (864) 366-8988

OWNERSHIP INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS OR PO BOX		
CITY		STATE ZIP CODE
DAYTIME PHONE NUMBER ()-		E-MAIL ADDRESS

PROPERTY INFORMATION

TAX MAP NUMBER - - - TAX YEAR

1. PROPERTY LOCATION (Street, City, State) TAX DISTRICT

2. NUMBER OF ACRES OR LOT(S) 3. NUMBER OF BUILDINGS/STRUCTURES

4. USE OF PROPERTY Single family residence Multi-family residence
 Commercial Industrial
 Agricultural Other: _____

5. Is there a well and/or septic tank on the property? Yes No

6. Please list and identify all buildings & structures on the property:

7. Year built Number of baths Number of bedrooms

Central air conditioning Type fuel: gas electric
 Finished Basement oil other: _____
 Unfinished Basement

STATEMENT OF VALUE

ASSESSOR'S CURRENT APPRAISED VALUE:	BUILDINGS _____	YOUR ESTIMATE OF VALUE:	BUILDINGS _____
	LAND _____		LAND _____
	TOTAL <input type="text"/>		TOTAL <input type="text"/>

LIST SPECIFICALLY WHY YOU THINK YOUR PROPERTY NEEDS TO BE REAPPRAISED: _____

(use back if necessary)

Your request for an appeal (review of current assessment) may result in any of the following actions: (a) No change, (b) decreased assessment, or (3) increased assessment. YOU WILL BE NOTIFIED BY LETTER OF ACTION TAKEN.

I certify that the descriptions and statements above are true and correct to the best of my knowledge. Permission is hereby granted to conduct an inspection of the property if necessary.

Signature: _____ Date: _____

If your appeal is not completed by the January 15th penalty date, you must pay your taxes in order to avoid penalties.