

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
 903 W. Greenwood St. Suite 2200
 Abbeville, SC 29620

Or fax to: (864) 366-6635

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