

APPEAL OF REAL PROPERTY APPRAISAL

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 129 Screven Street, Georgetown, SC, 29442-4200 (843) 545-3017	TMS# or Decal# <input type="text"/>
Assigned:		CURRENT YEAR
		2019

NAME OF PROPERTY OWNER(S)	PROPERTY LOCATION / LEGAL DESCRIPTION
<input type="text"/>	<input type="text"/>

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 <input type="text"/>	Single-Family Home <input type="checkbox"/> Commercial <input type="checkbox"/> Vacant Land <input type="checkbox"/> Agricultural Land <input type="checkbox"/> Mobile Home Only <input type="checkbox"/> Mobile Home & Land <input type="checkbox"/> Multi-Family Apts(Number of Units) <input type="text"/> Condo (water View? Golf View?) <input type="checkbox"/> Other (Describe): <input type="text"/>						
Year Purchased <input type="text"/>	Purchase Price <input type="text"/>	Year Built <input type="text"/>	Remodeled in Last 7 years? <input type="text"/>	Number of Half Baths <input type="text"/>	Number of Full Baths <input type="text"/>	Number of Bedrooms <input type="text"/>	Number of Fireplaces <input type="text"/>
							Vent-less? No <input type="checkbox"/> Yes <input type="checkbox"/>

Heated Living Area Square Footage <input type="text"/>	Is there an in ground Pool? NO <input type="checkbox"/> YES <input type="checkbox"/>	Attic Square Footage Finished/Unfinished Unfinished <input type="text"/> SQ. FT. Finished <input type="text"/> SQ. FT.	LIST ALL OTHER BUILDINGS ON PROPERTY <input type="text"/>
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Garage or Carport? NO <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, Single or Double? <input type="text"/>	Attached or Detached? <input type="text"/>	Garage / Carport Square Footage <input type="text"/>	Room over Garage? NO <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, Is Room Finished? NO <input type="checkbox"/> Yes <input type="checkbox"/>
Central Heat/Air NO <input type="checkbox"/> Yes <input type="checkbox"/>	Is this Your Full Time Residence? NO <input type="checkbox"/> Yes <input type="checkbox"/>	Any Portion of This Property Being Used as Business? NO <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, List Type of Business <input type="text"/> Finished Sq Ft <input type="text"/>		

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 Filling 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, 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 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.

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 Done On My Property And I Understand That The Value May Increase, Decrease Or Remain At Its Current Value.**

SIGNATURE OF OWNER/AGENT <input type="text"/>	DATE <input type="text"/>
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IF AGENT SIGNED FOR OWNER, ATTACH AUTHORIZATION THAT PROVIDES AUTHORITY FOR AGENT TO SIGN ON BEHALF OF OWNER.

MAILING ADDRESS OF OWNER/AGENT (PLEASE PRINT CLEARLY) <input type="text"/>	TELEPHONE NUMBERS
	HOME <input type="text"/>
	CELL <input type="text"/>

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