

APPEAL OF REAL PROPERTY APPRAISAL

CLARENDON COUNTY ASSESSOR'S OFFICE

411 Sunset Drive

Manning, SC 29102

Phone: (803) 435-4423

www.clarendoncountygov.org



Tax Map/Parcel Number

Current Year

TAXPAYER'S APPEAL MUST BE RECEIVED NO LATER THAN THE FIRST PENALTY DATE

or within Ninety (90) days of the date of the Assessment Notice, whichever comes first of the current tax year to appeal

NAME OF PROPERTY OWNER(S)	PROPERTY LOCATION/LEGAL DESCRIPTION

INCOMPLETE OR UNSIGNED APPEALS WILL NOT BE PROCESSED

Under The Provisions Of Section 12-60-2560, Code Of Laws of S.C., 1976, I Hereby Appeal To The Appraisal/Assessment of the Following Described property:

Please Circle or Fill In all that apply to the property that you are appealing

PROPERTY TYPE	Single-Family Home		Commercial		Vacant Land		Agricultural Land		Multi-Family Apt.		# Of Units_____	
	Mobile Home & Land		Mobile Home Only		Condo		VIEW:		Water			Golf
YEAR PURCHASED	PURCHASE PRICE	YEAR BUILT	Remodeled in the last five (5) years?	Number of Full Baths	Number of Half Baths	Number of Bedrooms	Number of Fireplaces					
HEATED LIVING AREA		Is there an Inground Pool?	ATTIC/BASEMENT AREA				LIST ALL OTHER BUILDINGS ON PROPERTY					
			Unfinished	SQ.FT.								
SQ.FT.			Finished	SQ.FT.								
PARKING:	None Garage Carport				Is there a room over the Garage?				ROOM OVER GARAGE			
	Single	Double	Attached	Detached	NO	YES	Unfinished	Finished	SQ.FT.	SQ.FT.		
SQ. FT.												
Central Heat/Air?	Is this Your Full Time Residence?				Is any portion of this property being used for business purposes?							
NO	YES	NO	YES	NO	YES	If YES, give a brief description of business:						

STATE YOUR SPECIFIC REASON FOR YOUR APPEAL OF MARKET VALUE (ATTACH ADDITIONAL PAGES, IF NEEDED)

OWNER'S ESTIMATE OF TOTAL MARKET VALUE OF LAND AND IMPROVEMENTS:

\$

***** **FILING OF AN APPEAL OF THE ASSESSMENT OF REAL PROPERTY DOES NOT PRECLUDE THE TAX LIABILITY.** *****

INCOMPLETE OR UNSIGNED APPEALS WILL NOT BE PROCESSED. This form must be returned to the Clarendon County Assessor's Office no later than the First Penalty Date 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 descriptions and statements contained in this application are, to the best of my knowledge, both correct and true. Permission is granted to conduct interior and exterior inspections of the subject property as deemed necessary by the Clarendon County Assessor's Office.

Documentation supporting estimate of Market Value **MUST** be submitted 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 conducted on my Property and I understand that the value may **INCREASE, DECREASE or REMAIN AT ITS CURRENT VALUE**.

***** **DO NOT FAX OR EMAIL YOUR APPEAL!!!!** *****

SIGNATURE OF OWNER/AGENT**			DATE	
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IF AGENT SIGNED FOR OWNER, ATTACH COMPLETED AUTHORIZATION (POA) FORM THAT PROVIDES AUTHORITY FOR AGENT TO SIGN ON BEHALF OF THE OWNER

MAILING ADDRESS OF OWNER/AGENT (Please Print Clearly)	TELEPHONE NUMBERS	
	HOME	
	MOBILE	
	OTHER	

APPEALS DUE ON OR BEFORE THE FIRST PENALTY DATE OR WITHIN 90 DAYS OF THE DATE OF THE ASSESSMENT NOTICE, WHICHEVER COMES FIRST OF THE CURRENT YEAR

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