APPEAL FORM - RESIDENTIAL PROPERTY

PICKENS COUNTY ASSESSOR'S OFFICE

Faxed Copies and E-mailed Forms Are Not Accepted
Pickens County is an equal opportunity provider and employer.

Reset Form PRINT

Mail or return form to:

Pickens County Assessor
222 McDaniel Ave., B8
Pickens, SC 29671
Phone: 864-898-5872

Tax Year	Appeal Filed by Owner	Appeal Filed by Agent	Agent must complete and timely file Agent Authorization Form
2019	☐	☐	AGENT FORM

Owner Name(s)

Daytime Phone Number (8:00 am to 5:00 pm)	E-mail Address

Account Number starts with the letter "R" or "M" followed by seven numbers.

Account Number(s)	Physical Address	Protested Value	Your Market Value Est.

Note: *Additional Account Numbers require a new appeal form to be completed and timely filed with the Assessor.

No. Bedrooms	No. Bathrooms	No. Fireplaces	Heating / Cooling System	Finished Basement SF	Unfinished Basement SF

Filing an appeal does not extend the time to pay taxes. The amount due must be timely paid to avoid penalties and interest.

What are you appealing? *(Please check all that apply.)*

Market Value ☐ Legal Residence Rate Denial ☐ Agricultural Rate Denial ☐ Other (describe below) ☐

Describe

The appeal must contain a statement of facts and documents supporting the taxpayer's position, reasons for the appeal and opinion of market value. (Please attach all supporting documents.)

Certification and Signature (Please make a copy of this document for your records.)

I certify under penalty of perjury under the laws of the State of S.C. that all information, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. I understand that filing an appeal does not extend the time to pay taxes and that the taxes must be paid to avoid penalties and interest. I understand that the effective date of the assessor's value is 12/31/2018 unless an Assessable Transfer of Interest (ATI) has occurred. I understand that an agent can not assume the fiduciary and other legal responsibilities* including the filing of an appeal* without supporting documentation signed by the account owner.

Signature: _____ Date Signed: _____

Signed by: (Please check one): Owner ☐ Agent ☐

Print Name: _____ PRINT