



CLAIM FOR REFUND FORM

Faxed copies and E-mailed forms are not accepted.

Pickens County Assessor

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

Pickens County is an equal opportunity provider and employer.

Applicant Account Number

I am applying for a refund for ~~one~~ ^{one or more} year(s) tax year(s):

Account Number

Owner Information Form Filed By

Owner Name(s)

Mailing Address

Daytime Phone (8:00 am - 5:00 pm)

Property Owner Authorized Agent

Agents must have prior authorization from owner.

The Pickens County Refund Committee will review the claim for refund request and mail a written decision to the taxpayer if the request is denied. If the request is approved, the committee will process your refund.

Describe the reason(s) for requesting a refund of taxes paid. Attach any documents that support your request.

Certification and Signature

I certify under penalty of perjury under the laws of SC that the information, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. If this form is prepared/filed by someone other than the taxpayer, an Appointment of Agent Form must be filed with the refund request.

Signature

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

Print Name

File completed form and supporting documents with the County Assessor's Office and:

- 1. **Attach a copy of paid tax receipt for each tax year requested**
- 2. Attach copy of valid drivers license or state issued ID
- 3. Return completed form, tax receipts, and any supporting documents to:

Pickens County Refund Committee
C/O Pickens County Assessor
222 McDaniel Ave., B8 | Pickens, SC 29671



This section will be completed by the Pickens County Refund Committee

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