

MADISON COUNTY TAX ASSESSOR, GERALD R. BARBER

**REAL PROPERTY REQUEST FOR REVIEW WORKSHEET**

**RFR #:** \_\_\_\_\_

Tax year \_\_\_\_\_

Parcel Number (18 character ID on your tax bill or PPIN) \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Phone (Home) \_\_\_\_\_

**REASON FOR REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax Assessor opinion of total True Value	\$ _____
Taxpayer opinion of total True Value	\$ _____
Approximate date property purchased	_____
Purchase price	\$ _____
Existing Deed of Trust	\$ _____
Insured value of property	\$ _____

I hereby under oath certify and affirm to the best of my knowledge that the above given information is true and correct and that I have not misrepresented the facts as I know them to be. (see MISS CODE 27-1-23) **I also have no outstanding tax liens on this property.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please request a copy for your records