

REAL PROPERTY REQUEST FOR REVIEW WORKSHEET

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: _____

ALL questions must be answered. If not, application will be found incomplete and will not be reviewed by the Tax Assessor's Office.

Tax Assessor opinion of total True Value	\$ _____
Taxpayer opinion of total True Value	\$ _____
Approximate date of 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)

Also have no outstanding tax liens on this property.

Signature: _____ Date: _____

Please request a copy for your records