

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): _____

Letter of Authorization: Yes No

Are you an appraiser? Yes No

Has an appraisal been completed on this property? Yes No If so: Appraised Value \$ _____
(Please attach appraisal to this request).

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. *Section 27-1-23 grants the Tax Assessor's office the authority to inspect property and demand data. It is the Tax Assessor's duty to require of any property owner an inspection of necessary records to ensure the property is assessed at the appropriate value.*

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)
I also have no outstanding tax liens on this property.

Signature: _____ Date: _____

Please request a copy for your records