

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.

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