



# Florence County Tax Assessor's Office Real Property Valuation Appeal Form



**Instructions: Please Fill out all spaces completely. Incomplete Forms will be returned.**

**Appeals on Commercial Properties MUST include income/expense statements to be reviewed**

**All Appeals must include the Appellant's Opinion of Value to be reviewed**

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

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

**Physical Address of Property:**

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**MAP/BLOCK/PARCEL:** \_\_\_\_\_

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

**NOTE: IF YOU ARE A REPRESENTATIVE, PLEASE FILL OUT THE FOLLOWING:**

Agent's Name: \_\_\_\_\_

**All Agents are required to be one of the following (check any that apply)**

Licensed Appraiser (Active License #) \_\_\_\_\_

Accountant/Attorney (Include Name of Firm and phone#)

\_\_\_\_\_

Regular, Fulltime employee of owner \_\_\_\_\_  
(attach documentation)

Immediate Family Member of Owner (list relation) \_\_\_\_\_

**Owner's Opinion of Value (REQUIRED):**

\$ \_\_\_\_\_

Reasons for Appeal (including support for value):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the best way to contact you?

\_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_

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

Printed name of Owner/Agent: \_\_\_\_\_

Select One Tax Year for Review: (see below) 2014 2015

**Appeals Received /Postmarked by 1/15/2015 will be reviewed for the 2014 Tax Year.**

**Appeals received/Postmarked AFTER 1/15/2015 will be reviewed for the 2015 Tax Year.**