



Florence County Tax Assessor's Office

Real Property Valuation Appeal Form



Instruction: 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)

Appeals Received/Postmarked by

will be reviewed for the

Tax Year.

Appeals Received/Postmarked by

will be reviewed for the

Tax Year.