BARBARA A. BELFOURE – MARSHALL COUNTY TAX ASSESSOR

P.O. Box 40 · 153 E. College Avenue, Holly Springs, MS 38635 · (662)-252-6209

REQUEST FOR ASSESSMENT REVIEW

Please return this form, filled out in its entirety, to the Assessor's Office to start the review process.

Name:_____ Tax Year:_____

Property Address: _____

Daytime Phone Number: _____

Assessor's Parcel Number:_____ **PPIN Number**:_____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Describe your questions/concerns as clearly as possible:

   _____

   _____

   _____

   _____

2. If there are unique problems with the subject property, please describe and/or provide a contractor's estimate of the cost to cure:

   _____

   _____

   _____

   _____

3. If a **recent appraisal** (within the last year) has been made on the subject property, submit a complete copy of the appraisal along with this form.

4. Please fill out the following and provide the appropriate supporting documents:

Opinion of Value (Total):	_____		Assessor's Current Value (Total):	_____	
Land Value:	_____		Land Value:	_____	
Improvement Value:	_____		Improvement Value:	_____	
Is the property mortgaged:	Yes	No	Is there a Deed of Trust:	Yes	No
Are you an Appraiser:	Yes	No	Amount of Deed of Trust:	_____	
Is the property insured:	Yes	No	Down payment/Equity not on DoT:	_____	
Insured Value of the property:	_____		Foreclosure/Short Sale:	Yes	No
Type of Policy:	_____		Purchased from Family:	Yes	No
Full Purchase Price:	_____		Date of Acquisition:	_____	

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Owner's Signature:_____ Date:_____

or

Attorney/Agent/Guardian:_____ Date:_____

*****According to MS Code 27-35-89, appeals are to be turned in on or before the first Monday in August, or the Assessment stands as is; this date is subject to change ONLY when the County is granted an extension by the MS Dept. of Revenue.*****