


**CHARLES E. STOKES
HINDS COUNTY TAX ASSESSOR**

Request for Review

Date: _____ **BUSINESS PERSONAL PROPERTY** Account #: _____

Taken By: _____ **Request Done For** Tax Year: _____


Appraisal Review

Type of Request

Rendition Review


Both

Trade Name: _____

Telephone # (cell/Other): _____

Property Address: _____
St. or P.O. Box Rt. # _____

Mailing Address: _____
St. or P.O. Box Rt. # _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Owner's Estimate of Value

Assessor's Recorded Value

Ture Value: _____

Assessed Value: _____

In the space below, state briefly in your own words the reason (s) for this request; Documentation **MUST** be provided.

******* A REQUEST FILED BY A REPRESENTATIVE OF A COMPANY OR INDIVIDUAL MUST BE ACCOMPANIED BY A LETTER OF AUTHORIZATION. *******

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)

Signature of Person Making Request

Signature of Person Taking Request

Tax Assessor's Office Use Only

Appraiser	Date	By	Notes/Action Taken	Error Found-Change Made No Error Found-No Change Made

Laura Burse, Chief Deputy
Sandra Phillips, Supervisor
Hinds County Tax Assessor
P.O. Box 22908
Jackson, MS 39225-2908
(601) 968-6623 office
(601) 968-6593 fax

Appraiser/Reviewer's Signature: