

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

Request for Review

Date: _____ **Residential** _____ Map/Blk/Pcl #: _____
 Taken By: _____ **Request done for** _____ **Tax Year** _____ Parcel #: _____

Appraisal Review

Type of Request
 Mapping Review

Both

Owner's Name: _____
 Property Address: _____
St. or P.O. Box Rt. #

Telephone No.: _____
 Mailing Address: _____
St. or P.O. Box Rt. #

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Owner's Estimate of True Value

Assessor's Recorded Value

Land Value: _____

Land Value: _____

Improvement Value: _____

Improvement Value: _____

Total Value: _____

Total Value: _____

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

I hereby certify and affirm to the best of my knowledge that the above given information is true and that I have not misrepresented the facts as I know them to be.

 Signature of Person Making Request

 Signature of Person Taking Request

Tax Assessor's Office Use Only

Routing Checks	Date	By	Notes/Action Taken	Error Found-Change Made No Error Found-No Change Made
Mapping				
Appraiser				
Clerical (card, etc)				
Keypunch				
Review				
File				

Bob Merritt, Supervisor
 Deputy Tax Assessor
 Hinds County Tax Assessor
 P.O. Box 22908
 Jackson, MS 39225-2908
 (601) 968-6644 office
 (601) 968-6593 fax

 Appraiser/Reviewer's Signature