

**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				

Nicholas Ward, 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