



# CLAIM FOR REFUND FORM FOR LEGAL RESIDENCE

**\*This form may only be used for legal residence refunds.\***

Pickens County Assessor | 222 McDaniel Ave. B8 | Pickens, SC 29671 | 864-898-5872

Pickens County is an equal opportunity provider and employer

## Applicant Account Number

I am applying for a refund for ~~one~~ <sup>one or more</sup> tax year(s):

Account Number

## Owner's Information

## Filed By

Owner Name(s)  
  
Mailing Address  
  
Daytime Phone (8:00 am - 5:00 pm)

Property Owner  Authorized Agent   
  
**Note: Agents must file an Agent Form**  
  
The Pickens County Refund Committee will review the claim for refund request and mail a written decision to the taxpayer if the request is denied. If the request is approved, the committee will process your refund.

## Describe the reason(s) for requesting a refund of taxes paid. Attach any documents that support your request.

## Certification and Signature

I certify under penalty of perjury under the laws of South Carolina that the information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. If prepared by someone other than the taxpayer, an agent authorization form must be filed with the refund request application.

Signature Signed by (Please check one): Owner  Agent  Date Signed

Print Name

**Applicant: File completed form and supporting documents with the County Assessor's Office.**

- 1. Attach a copy of the paid tax receipt(S) for each tax year requested
- 2. Attach any other supporting documents
- 3. Return completed form, tax receipts, and any supporting documents to:

Pickens County Refund Committee  
C/O Pickens County Assessor  
222 McDaniel Ave., B8 | Pickens, SC 29671



## This section will be completed by the Pickens County Refund Committee

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