

APPEAL WITHDRAWAL / SETTLEMENT FORM

PICKENS COUNTY ASSESSOR

222 McDaniel Ave., B8 | Pickens, SC 29671 Phone: 864-898-5872

		Pickens C	ounty is an equal opportur	nity provider a	and employer.	
	APPLICA	NT AND P	ROPERTY INFOR	MATION		
NAME OF OWNER(S)						TAX YEAR(S)
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	AGENT TI	ELEPHONE)	FAX TELEPHONE
I no longer wish to pursue a and hereby request that the						ated below
ACCOUUNT NUMBER	PROTESTED APPRAISED VALUE		ASSESSOR'S FINAL DECISION OF VALUE			
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ADDITIONAL AFFEC	TED ACCOUNTS AR	E LISTED ON	ATTACHMENT. NUMBE	R OF PAGI	ES ATTACHED:	
A Real Property Appeal ma unless the Assessor has assessed value of the pro taxes must be timely paid to Withdrawals are	s given the apploperty. Additionally o avoid penalties a final and will con	icant a wri y, withdrawi and interest. clude any f	itten Notice of Dec ng the appeal does urther action on the	e appeal for	recommend d the time to	an increase in the pay taxes. Property
	No cond		hdrawals will be acc	epted.		
			RTIFICATION			
I ce	-		ransact all business ndrawal / Settlement	_	to the filing of	t the
SIGNATURE			DATE			
PRINT NAME OF AUTHORIZED SIGNER			TITLE OF SIGNER: (SELECT FROM LIST OR ENTER TITLE BELOW)			
COMPANY NAME			EMAIL ADDRESS			
FILING STATUS OWNER AGENT ATTORNEY SPOUSE REGISTER SC ATTORNEY, STATE BAR NUMBER:			RED DOMESTIC PARTNER	CHILD	PARENT	PERSON AFFECTED
FOR AS	SESSOR AND CO	UNTY BOA	RD OF ASSESSME	NT APPE	ALS USE ON	LY
The withdrawal request is	accepted and will co	onclude any f	urther action on the app	oeal.		
The withdrawal request is you will be notified of the				. Your appe	eal will be set fo	r hearing, in which
The withdrawal request is review to determine the fu				ne authority	to proceed wit	h an assessment
ATTEST BY ASSESSO	R OR COUNTY B	OARD OF A	ASSESSMENT APPE	ALS:		
DATE:			DATE:			
BY:ASSESSO	 R		BY:	CROAA	CHAIRPERS	
				CDUAA	O INITERS	OIN .