

RECEIVED DATE STAMP		ANDERSON COUNTY ASSESSOR 401 E RIVER STREET ANDERSON, SC 29624 Tel: (864) 260-4028 Fax: (864) 260-4099 Email: Assessor@andersouncountysc.org		TMS NUMBER	
REVISED BILL REQUEST					
NAME OF PROPERTY OWNER(S)					
MAILING ADDRESS				911 ADDRESS	
TAX YEAR	HAVE THE TAXES BEEN PAID?	ASSESSMENT RATIO?		YEAR SPECIFIC NOTES	
		4% 6%			
		4% 6%			
		4% 6%			
PROOF OF RESIDENCY REQUIRED FOR THE YEARS REVISION IS REQUESTED FOR (EX: UTILITY STATEMENTS). THIS IS A LEGAL DOCUMENT, PLEASE READ CAREFULLY BEFORE SIGNING. <i>I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD, RESPONSIBLE FOR MAKING DECISIONS RELATED TO AD VALOREM REAL ESTATE TAXATION ON THIS PROPERTY FOR THE YEARS THIS REQUEST IMPACTS. ADDITIONALLY, I CERTIFY THAT ALL DOCUMENTATION NEEDED FOR VERIFICATION HAS BEEN SUBMITTED AND RECORDED IN A TIMELY MANNER WITH THE APPROPRIATE DEPARTMENT(S) AND CAN BE VERIFIED AS OF THE DATE OF THIS SIGNATURE.</i>					
OWNER* SIGNATURE REQUIRED				DATE	
				PHONE	
OWNER* SIGNATURE REQUIRED				DATE	
				PHONE	
*Authorized Agents must submit POA Form with this request.					
<div> <div>PLEASE READ</div> <div> FILING OF THIS REQUEST DOES NOT GUARANTEE A REVISION TO BE GRANTED. THIS OFFICE IS REQUIRED BY LAW TO EXERCISE ITS DUE DILIGENCE BEFORE GRANTING ANY REVISION TO REAL ESTATE. THEREFORE PROCESSING TIMES MAY VARY DEPENDING ON THE SITUATION PRESENTED. </div> </div>					
FOR OFFICE USE ONLY: RECEIVED BY: DATE:					
PROCESSED BY: DATE:					
OFFICE NOTES ON PROCESSING:					