

REQUEST FOR REFUND

Comes now TAL FLURRY, TAX ASSESSOR and petitions the BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI to approve a tax refund on the property described on the REAL assessment roll for 2011.

(Assessed Values)

Parcel/PPIN	Current Value	Proposed Value	Reduction
07111I-01-095.000	7681	7681	

Owner: SLADE JOANNE Tax District: 3G Judicial: 1

REASON FOR CHANGE: CORRECT ERRONEOUS APPRAISAL DATA FROM DUPLEX TO HOUSE

FULL CREDIT HOMESTEAD. CLASS I

TAL FLURRY, TAX ASSESSOR
HARRISON COUNTY, MISSISSIPPI

THIS the 20th day of November, 2012. By: [Signature]

2011 Year taxes paid.

THEREFORE, your petitioner prays that the BOARD OF SUPERVISORS approve the petition for a refund in the amount of \$_____, as calculated by the Tax Collector/Chancery Clerk of Harrison County, Mississippi.

AND, AFTER DUE CONSIDERATION, the Board of Supervisors of Harrison County, Mississippi, does HEREBY APPROVE the refund in the amount of \$_____ and authorize the Tax Collector/Chancery Clerk to issue the same.

ALL ORDERED AND DONE, this _____ day of _____, _____.

PRESIDENT, BOARD OF SUPERVISORS

**CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION**
DELETION: () CORRECTION: ()

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY HARRISON

ACCT NO. 111832

YEAR 2011

NAME 1 SLADE JO ANN 427-70-0096
(last name) (first name) (middle name) (social security no.)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY <u>G-GULFPORT</u>			SCHOOL DISTRICT <u>G-GULFPORT</u>	
NAME 1 _____ (LAST) (FIRST) (MIDDLE)			SSN _____	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)			SSN _____	
ADDRESS _____ (STREET)			EXEMPTION CODE NO. <u>2</u> 1 Regular 4 Dr. Cert. 2 Over 65 5 DAV 3 Letter 6 Comb. Reg & Add	
(CITY) (STATE) (ZIP)				
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED, DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW.			REASON FOR CORRECTION/DELETION OR ADDITION	
1. <u>07111-01-095.000</u>			CORRECTED TO GIVE OWNER	
2. _____			FULL CREDIT AND FULL 10%	
3. _____				
4. _____				
5. _____				

AUTHORIZATION

(FOR CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County, I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above, is needed to fully comply with Section 27-33-1 et seq., Mississippi Code of 1972, and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction.

SIGNED S. HAYES August 22, 2012

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county, I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq., Mississippi Code of 1972.

Witness my signature and official seal, This the _____ day of _____, _____.

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	Rejected _____
	Why rejected _____	