



HENDERSON COUNTY TAX BILL REQUEST FOR RELEASE/REFUND

Bill (Abstract) # _____

Name and Address of Applicant _____

Tax Year _____

Year For _____

Parcel # _____

Account # _____

Phone _____

Reason for Request _____

Taxpayer's Signature _____ Date _____

OFFICE USE ONLY

Billed Value

Land _____
 Improvements _____
 Total Real _____
 Personal _____
Total _____

Adjusted Value

Land _____
 Improvements _____
 Total Real _____
 Personal _____
Total _____

Value To Be Released Or Refunded (*Circle One*) _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Double Listed | <input type="checkbox"/> MH Double Listed | <input type="checkbox"/> Change In Value |
| <input type="checkbox"/> Acreage Correction | <input type="checkbox"/> MH Moved/Destroyed | <input type="checkbox"/> Previously Paid |
| <input type="checkbox"/> Building on Wrong Parcel | <input type="checkbox"/> Incorrect Value | <input type="checkbox"/> Board of E & R |
| <input type="checkbox"/> Transfer Error | <input type="checkbox"/> Incorrect Taxing District | <input type="checkbox"/> No Longer a Business |
| <input type="checkbox"/> Elderly/Disabled Exemption | <input type="checkbox"/> Clerical Error | <input type="checkbox"/> PTC Order |

Other Reason/Explanation _____

Taxes To Be Released or Refunded

<u>District</u>	<u>Code</u>	<u>Rate</u>	<u>Amount</u>		
County	_____	_____	_____	Accepted By	_____
City	_____	_____	_____	Date Accepted	_____
Fire	_____	_____	_____	Entered By	_____
Special	_____	_____	_____	Date Entered	_____
Penalty	_____	_____	_____	Approved By	_____
Interest	_____	_____	_____	Date Approved	_____
Other	_____	_____	_____		
Total			_____		

Assessor Approval _____ Date _____