



Kershaw County Assessor's Office
515 Walnut Street – Room 100
Camden, SC 29020

Telephone: 803-425-1523
Fax Number: 803-425-7673

APPLICATION FOR REVIEW OF APPRAISAL OR ASSESSMENT

TAX YEAR: _____ DATE: _____
TAX MAP NUMBER: _____
PROPERTY OWNER: _____
PROPERTY LOCATION: _____
ASSESSOR'S MARKET VALUE FOR LAND: \$ _____ BLDG: \$ _____ TOTAL: \$ _____

A REVIEW OF ASSESSMENT MAY RESULT IN ANY OF THE FOLLOWING ACTIONS:

(1) NO CHANGE (2) DECREASED ASSESSMENT (3) INCREASED ASSESSMENT

Heated Living Area Square Footage _____ Year Built _____
Number Bedrooms _____ Number Full Baths _____ Number Half Baths _____
Does property have a Basement? _____ Square Footage _____ Finished _____ Unfinished _____
Room over Garage? _____ Finished _____ Unfinished _____
Property Renovated: Yes _____ No _____ Year of Renovation: _____
Number of Detached Buildings _____ Purpose _____
Owner Occupied _____ Rental Unit _____ Monthly Rent _____

PLEASE PROVIDE A STATEMENT OUTLINING THE REASONS FOR THE APPEAL, INCLUDING ANY LAW OR OTHER AUTHORITY, UPON WHICH THE TAXPAYER RELIES:

CLASSIFICATION OF PROPERTY: SINGLE FAMILY (); MULTI-FAMILY (); COMMERCIAL ();
INDUSTRIAL (); AGRICULTURAL (); OTHER _____

YOUR ESTIMATE OF THE TOTAL FAIR MARKET VALUE: \$ _____
YOUR ESTIMATE OF THE TOTAL USE VALUE: (IF CLASSIFIED AS AGRICULTURAL PROPERTY)
\$ _____

I CERTIFY THAT THE DESCRIPTIONS AND STATEMENTS CONTAINED IN THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE BOTH TRUE AND CORRECT AND PERMISSION IS GRANTED TO CONDUCT AN INSIDE AND OUTSIDE INSPECTION OF THE PROPERTY IF NECESSARY.
GIVEN UNDER MY HAND THIS _____ DAY OF _____, _____.

OWNER OR AGENT: _____ TELEPHONE NO: _____
MAILING ADDRESS: _____