

**REFUND CLAIM REQUEST**  
**Pursuant to S. C. Code of Laws 12-60-2560**  
**To Greenwood County Assessor's Office**

Please provide the following information so that Greenwood County may consider your request for a refund.

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_(Home) \_\_\_\_\_(Work)

Tax Map Number: \_\_\_\_\_

Location: \_\_\_\_\_

Brief explanation of why refund is due: \_\_\_\_\_

\_\_\_\_\_

Years for which refund is requested: \_\_\_\_\_

I, \_\_\_\_\_, by signing do hereby request the above refunds.

Date: \_\_\_\_\_

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Mail to: Greenwood County Assessor's Office  
528 Monument Street – Room 109  
Greenwood, SC 29646

Or Fax to: (864) 942-8660

Any questions, please call (864) 942-8537