



John Jorgensen
Tax Administrator

BOARD OF EQUALIZATION & REVIEW

PLEASE SUBMIT APPLICATION DURING THE PERIOD OF JANUARY 1ST THROUGH APRIL 1ST

Owner _____

Address _____

Phone Number You can be reached: _____

Account Number: _____

Physical Address of Property: _____

Briefly describe the specific points of disagreement in the appraised value that includes evidence why the value is incorrect. Please attach all information

Value that you feel the property is worth. (Fair market value, Sales Price)

Building/Dwelling _____ Land Value _____ Outbuildings _____

Total Value _____

-If you have a recent appraisal from purchase of the property on or near January 1st of the most recent tax year, please provide that information. Each property will require a separate appeal. If the appraiser feels that they need more information they will contact you, otherwise you can expect a decision by mail.

-I hereby appeal the aforementioned property and understand fully that there must be just cause for a reduction in my value and that I am responsible to submit all information to support my claim.

Signature of Property/ Owner Date _____

Please return this form to the Tax office in person, or you can also mail the appeal to Scotland County Tax Department, PO BOX 488 Laurinburg, NC 28352

910-277-2566 | 910-277-2411
 PO Box 488 · 507 West Covington Street, Laurinburg, NC 28353

