

**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: \_\_\_\_\_

By signing this form, I do hereby request the above refunds.

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

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

Or email to: [assessor@greenwoodsc.gov](mailto:assessor@greenwoodsc.gov)

Or Fax to: (864) 942-8660

If you have any questions, please call (864) 942-8536 or (864) 942-8537.

**OFFICE USE ONLY**

Assessor Approval	_____	_____
	Signature	Date
Auditor Approval	_____	_____
	Signature	Date
Treasurer Approval	_____	_____
	Signature	Date

Please note that two approvals are required for processing.