



**APPEAL OF PERSONAL PROPERTY OR  
HOMESTEAD DENIAL**

COUNTY OF LEXINGTON AUDITOR'S OFFICE

212 S. LAKE DRIVE STE # 103

LEXINGTON, SC 29072

PHONE (803) 785-8181 FAX (803) 785-8538

LCF100 (Rev. 11/19/2012)

**NOTICE!!!!!!!!!!**

**Appeal must be postmarked not later than the tax due date.  
An appeal DOES NOT extend the tax due date.  
Late appeals ARE NOT subject to review.  
All timely appeals are subject to review for up to 30 days.**

**SECTION 1 Tax and Property Information (As Shown on Receipt)**

Receipt# \_\_\_\_\_ District \_\_\_\_\_  
Type \_\_\_\_\_ Description \_\_\_\_\_

**SECTION 2 Owner and Mailing Information (As Shown on Receipt)**

Property Owner: \_\_\_\_\_ Special Mailing/New Address: \_\_\_\_\_  
Owner Name \_\_\_\_\_ Name \_\_\_\_\_  
Resident Address \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zipcode \_\_\_\_\_ City, State, Zipcode \_\_\_\_\_

**SECTION 3 Contact Information**

**Email:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**SECTION 4 Statement of claim, value and position (include and attach any supporting documents or laws)**

Reason \_\_\_\_\_ Value \_\_\_\_\_  
Position \_\_\_\_\_

**\*\*\*\*\*!!!!!! READ THE BELOW STATEMENT CAREFULLY BEFORE SIGNING THIS DOCUMENT !!!!!\*\*\*\*\***

I hereby certify that the information provided, regarding the personal property subject of this application is correct. I understand that under applicable state law, incorrect or false information given may result in civil liability and or civil or criminal penalties, SC Code of Laws Ann. § 12-37-750 (2000), § 12-37-780 (2000), § 12-37-800 (2000).

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