

Application to Correct Taxes

Name _____

Address _____

Phone number _____

Ticket # _____ District # _____

Account # _____ Amount _____

Tax Year _____ Tax Class _____

New Statement ___ Yes ___ No

What relief do you seek? _____

Why should your application be approved? _____

Signature of Applicant Date

Preston County Commission	Prosecuting Attorney Representing the State
Approved <input type="checkbox"/>	No Objection <input type="checkbox"/>
Denied <input type="checkbox"/>	Objection <input type="checkbox"/>
_____ Signature of Commission President	_____ Signature of Prosecuting Attorney
_____ date	_____ date

Certified by County Clerk _____
Linda Huggins Date

Copies to: Applicant, Assessor, Prosecuting Attorney, Chief Tax Deputy, State Auditor, file