APPLICATION FOR ABATEMENT OR REFUND OF TAXES

TO THE BOARD OF COUNTY COMMISSIONERS OF _____ *COUNTY, SOUTH DAKOTA:*

STATE OF SOUTH DAKOTA
County of _____ } *ss.*

_____, *being first duly sworn deposes and says that __he has ground__ for abatement or refund of taxes under the provisions of SDCL-10-18-1 as indicated by an "x" opposite the following applicable provisions of such statute or as otherwise stated:*

☐ 1. When an error has been made in any identifying entry or description of the property, in entering the valuation thereof or in the extension of the tax, to the injury of the complainant;

☐ 2. When improvements on any real property were considered or included in the valuation thereof, which did not exist thereon at the time fixed by law for making assessment;

☐ 3. When the complainant or the property is exempt from the tax;

☐ 4. When the complainant had no taxable interest in the property assessed against him at the time fixed by law for making the assessment;

☐ 5. When taxes have been erroneously paid or error made in noting payment or issuing receipt therefor;

☐ 6. When the same property has been assessed against the complainant more than once in the same year, and the complainant produces satisfactory evidence that the tax thereon for such year has been paid; provided that no tax shall be abated on any real property which has been sold for taxes, while a tax certificate is outstanding.

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Applicant further states that the description of the property taxed, the year when taxed, the valuation thereof, the amount of state tax if any, the amount of the consolidated tax, and the amount of abatement or refund of taxes asked for are as set out in the schedule hereto attached.

Wherefore, applicant asks said board of county commissioners to grant the relief required by law in such cases made and provided.

_____

P. O. Address _____

Subscribed and sworn to before me this _____ *day of* _____, ____.

_____

Notary Public

My Commission Expires _____

APPLICANT SHOULD USE THIS SPACE FOR FULL DESCRIPTION OF PROPERTY

DESCRIPTION OF PROPERTY	YEAR	VALUATION	STATE TAX	Consolidated Tax	Amt. of Abatement or Refund	
					Asked	Allowed

Approved - Disapproved by City or Township Board _____

Dated _____, ____

_____

Chairman City or Twp. Board.

Approved by authority of Subdivision of SDCL-10-18-1.

Dated _____, ____

_____

Chairman County Board.

Rejected:

Reasons: _____

Dated _____, ____

_____

Chairman County Board.

Applicant advised of action by notice dated

_____, ____.

_____

County Auditor.

No. _____

APPLICATION FOR

ABATEMENT OR REFUND

of

Mr. _____

P. O. _____

OFFICE OF COUNTY AUDITOR

_____ *County*

Received and filed in my office on

_____, ____

_____

County Auditor.

By _____ *Deputy.*