

**REFUND CLAIM REQUEST**  
**Pursuant to S. C. Code of Laws 12-60-2560**  
**To Abbeville County Assessor's Office**

Please provide the following information so that Abbeville 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: \_\_\_\_\_

I, \_\_\_\_\_, by signing do hereby request the above refunds.

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

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Mail to:       Abbeville County Assessor's Office  
                  P.O. Box 993  
                  Abbeville, SC 29620

Or Fax to:     864-366-8988

Any questions, please call 864-366-5312 ext.51