APPLICATION FOR RELIEF
FIRE DAMAGE
DATE: __________
TAKEN BY: _______________

NAME: ____________________  LOCATION: ____________________
ADDRESS: _____________________  TELEPHONE: ___________________

DATE OF FIRE: __________________
RECEIPT NO.: __________________
DATE TAXES PAID: ____________
TYPE OF BUILDING: ____________
WAS BLDG. OWNER OCC. ______

NOTES:

SIGNATURE: ________________________________

SC LAW 12-39-250 EFFECTIVE 6/24/98
• APPLICATION MUST BE MADE TO ASSESSOR
• TAXES MUST BE UNPAID AT APPLICATION
• APPEALS TO BOARD OF APPEALS
• TIMELY PAYMENT OF TAX NOT REQUIRED

TAX MAP NO. ________________________________

Revised 7/98