



REQUEST FOR DELETION OF ASSESSMENT

NAME LOCATION	SCTC FILE #	TAX YEAR	ASSESSMENT	REASON CODE	DUPLICATE NO./ CORRECT COUNTY
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

To the best of my knowledge, I certify the above account should be removed for the reason indicated.

Both signatures are required

(Signature of Auditor or Authorized Designee)

(Signature of Treasurer, Delinquent Tax Collector or Authorized Designee)

Reason Codes

OB = Out of business

CJ = County jurisdiction

*DE = Double entry (Requires duplicate file number or correct county.)

(County)

(Date)