



Tax Refund Request

Please review the Effingham County Ad Valorem Tax Refund Policy carefully. All taxes on the parcel in question must be paid in full prior to making a refund request. Refund request must be made within three (3) years of the tax payment. This form must be completely filled out.

Tax Payer Name: _____

Mailing Address: _____

Phone: _____

Parcel Information (Information on parcel(s) to which refund is requested)

Parcel ID# (PIN#): _____

Taxes Paid Date: _____

Amount Tax Due: _____

Amount Tax Paid: _____

Physical Address of Parcel: _____

Summary Statement (Please provide factual or legal error which have resulted in erroneous or illegal taxation)

I would like to Request a Conference/Hearing with:

Board of Commissioners

Was the property appealed to:

Board of Equalization

Board of Assessors

Superior Court

Result: _____

Tax Payer Signature: _____ Date: _____

Please attach any additional information that you believe would be helpful to this Request Form and submit by mail or hand delivery to the Clerk of the Effingham County Board of Commissioners at the address listed below.

Request form shall be mailed to:
Effingham County Board of Commissioners
County Clerk
601 North Laurel Street
Springfield, GA 31329