



Aiken County
Office of the Assessor
1930 University Parkway, Suite 2400
Aiken, SC 29801
(803) 642-1583
assessor@aikencountysc.gov

REQUEST TO REMOVE LEGAL RESIDENCE

****Valid Driver's License or ID must be provided****

Date : _____

Parcel #: _____

Tax Year(s) Requested: _____

Date of move: _____

Owner(s): _____

**If you are not the current owner of this property, you cannot request this change **

Location Address:

Current Mailing Address: *I would like for my mailing address to be updated to reflect the address below*

Please remove the legal residence special assessment from the property listed above for the following reason(s):

Check all that apply

- I HAVE MOVED AND THIS IS NO LONGER MY PRIMARY RESIDENCE
 THIS PROPERTY IS A RENTAL
 I HAVE APPLIED FOR EXEMPTIONS IN ANOTHER COUNTY County: _____
 OTHER*

*Please Explain:

Please allow *up to five (5) business days* for processing. Once processed, a completed copy will be mailed to at the address provided. If you have provided an email address, a copy will also be emailed to you.

Signature: _____

Print Name: _____

Phone: _____

Email: _____

Office Use Only: Completed

Tax Year(s): _____

Initials: _____

Comments: _____

SC Code Of Laws SECTION 12-43-220

(vi) If a change in *ownership or use* occurs, the owner who had qualified for the special assessment ratio allowed by this section shall notify the assessor of the change in classification within six months of the change. Another application is required by the new owner to qualify the residence for future years for the four percent assessment ratio allowed by this section.