



Calhoun County Delinquent Tax

102 Courthouse Drive, Suite 103

St. Matthews, SC 29135

(803) 874-4021 (803) 874-1242 fax

tgreen@calhouncounty.sc.gov

Date: _____ Tax Map Number(s): _____

Claimant's Name: _____

Address: _____

Telephone#: _____ Tax Sale Date or Sale #: _____

Interest in Property: _____

(Owner, Heir, Personal Representative, Etc.)

I, the undersigned, hereby request the stated tax sale overage amount from the Delinquent Tax Collector of Calhoun County, South Carolina, representing funds in excess of all taxes, assessments, penalties, and costs produced by the sale of above referenced property at the above dated Delinquent Tax Sale.

I, the undersigned, further indemnify and hold Calhoun County, its agents and employees harmless against claims by any other persons for such overage and waive all causes of action against the County, its agents or employees, arising out of the tax sale. I also understand that by signing this request I acknowledge that I am the legitimate and rightful owner of overage requested, whether all or a portion of total overage available.

Name (printed): _____

Signature: _____

NOTARIZATION OF SIGNATURE REQUIRED:

I, the undersigned Notary Public, hereby certify that on this ____ day of _____, 20____, personally appeared before me _____, known to be the individual(s) described in and who executed the written instrument, and acknowledges that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Signature _____ PRINTED _____

Notary Public in and for the State of _____

County of _____

My commission expires: _____ (Seal)