Alexander County

REQUEST FORM FOR DEFERRED TAX BILL ON PRESENT USE ASSESSMENT

Attorney's Name: _______________________________________________
Office Phone: ________________ Office Fax: ________________
Parcel ID Number: ______________________________________________
Exact Acreage Sold: __________________ Sales Price $ _______________
Number of Acres of Cleared Land Sold: ___________________________
(If unknown please include a copy of the survey)
Number of Acres of Wooded Land Sold: ____________________________
(If unknown please include a copy of the survey)
Number of Homesites (including mobile homes): ______________________
Grantor's Phone Number: ________________________________________
Grantor's Address: ______________________________________________
City: ____________________ State: _________ Zip: ________________
Relationship of Grantor to Grantee: _________________________________
Grantee's Name: ________________________________________________
Grantee's Phone Number: ________________________________________
Grantee's Address: ______________________________________________
City: ___________________ State: _________ Zip: _________________
Identify Houses and Buildings that were transferred to the Grantee (Obtain from property record card):
________________________________________________________________________

PLEASE RETURN THIS FORM FIVE WORKING DAYS PRIOR TO CLOSING