

BE IT REMEMBERED that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, Mississippi, on the 24th day of August, 2011, at 9 00 o'clock a.m , and present were R B Davis, President of the Board, Lynn Horton, Vice President, Shelton Deanes, Luke Lummus And Floyd McKee Also present at said meeting were Harmon A , Robinson, Clerk of the Board, and Laddie Huffman, Sheriff, when and where the following proceedings were had and determined, to-wit

NO _____

IN THE MATTER OF AUTHORIZING THE PRESIDENT TO EXECUTE AN APPLICATION
FOR CERTIFICATION FOR THE EXPENDITURE OF ONE MILL UNDER SECTION 27-
39-329(b) OF THE MISSISSIPPI CODE 1972

There came on this day for consideration the matter of authorizing the President to execute an application for certification for the expenditure of one mill under Section 27-39-329(b) of the Mississippi Code 1972

After motion by Mr Lummus and second by Mr Horton this Board doth vote unanimously to authorize the President to execute the attached application marked as exhibit A

So ordered this the 24th day of August, 2011



President

APPLICATION FOR CERTIFICATION

of Clay for the fiscal year of 2010 2011 for authority to expend the one (1) mill according to Section 27-39-329(b), Miss Code Ann , as amended

I Lien date for property rolls January 1, 2011 date

II Method of maintaining mapping

A A contract was let with ~~Sanders & Associates~~ in accordance with Department of Revenue's rules, regulations and guidelines which requires that all recorded deeds be mapped, and all necessary corrections and adjustments be made according to the Department of Revenue's manuals, guidelines and regulations (Copy of contract attached)

OR

B A plan to maintain mapping in-house has been devised in accordance with the law and the Department of Revenue's rules, regulations and guidelines and the following named county employees have the necessary knowledge and expertise to perform the required maintenance (Copy of plan attached)

III Method of maintaining the real property appraisals

A A contract was let with ~~Sanders & Associates~~ in accordance with the Department of Revenue's rules, regulations and guidelines which requires that all real property has been viewed and any change to real property has been made on the property record cards and new values calculated to reflect true value of the tax roll (Copy of contract attached)

OR

B A plan to maintain the appraisal in-house has been devised in accordance with the law and the Department of Revenue's rules, regulations and guidelines and the following named county employees have the necessary knowledge and expertise to make the changes on the property record cards as they are found in the field and to calculate new values on the tax roll

EXHIBIT A

C Roll year 1998, or year set by Department of Revenue served as the benchmark year for a four-year update cycle of the real property in each county according to Miss Code Ann 27-35-113 and Department of Revenue Rule 6 The above named county last updated the real property during Roll Year _____, and under the requirements of Miss Code Ann 27-35-113 and Department of Revenue Rule 6 will be required to update again on or before Roll Year _____

IV Maintenance of business personal property

A A contract was let with ~~Sanders & Associates~~ in accordance with the Department of Revenue's rules, regulations and guidelines for the maintenance of all the appraisals of business personal property (Copy of contract attached)

OR

B A plan to maintain the appraisal in-house has been devised in accordance with the law and the Department of Revenue's rules, regulations, and guidelines The following named county employees have the knowledge and expertise to keep the personal property roll up-to-date

V Certified appraiser according to Miss Code Ann , 27-3-52

A "Counties having not more than five thousand (5,000) applicants for homestead exemption shall have at least one (1) certified appraiser "

B "Counties having more than five thousand (5,000) applicants for homestead exemption shall have at least two (2) certified appraisers "

Give the number of homestead applicants for this year ~~4883~~

A (1) Certified Appraiser required 1

B (2) Certified Appraisers required _____

~~Teretha Rupert~~

STATE OF MISSISSIPPI

COUNTY OF Clay

R. B. Davis, being first duly sworn deposes, and says, that he is the President of the Clay County Board of Supervisors and that the Board of Supervisors of Clay County shall adopt the property values reflected by the appraisal completed as of the lien date in conformity with Miss Code Ann 27-35-

50(2)(5)

Ventha Rupert
Assessor

R. B. Davis
President of Board

Sworn and subscribed before me this 25th day of August, 20 11

Harmon A. Robinson

(SEAL)

STATE OF MISSISSIPPI

COUNTY OF Clay

I, Harmon A. Robinson Chancery Clerk in and for said county and state aforesaid, hereby certify that the within and foregoing has been recorded in Book 128, Page _____ of the Supervisor's Minute Records on file in the office of said Clerk

Given under my hand and official seal of office this the 25th day of August, 20 11

Harmon A. Robinson
Chancery Clerk

(SEAL)

NO _____

IN THE MATTER OF WORKERS COMPENSATION INSURANCE COVERAGE FOR
VOLUNTEER FIREMEN

There came on this day for consideration the matter of workers compensation insurance coverage for volunteer firemen

It appears to this Board that Volunteer Firemen in Clay County currently receive Worker's Compensation coverage through the Attorney General and State of Mississippi that pays up to 34% of the covered individual's regular base salary not to exceed twelve (12) payments, and

It appears that it would be prudent to provide coverage for volunteer fireman who are injured and become disabled during the line of duty, which would be in addition to the state coverage provided herein noted above

After motion by Mr Lummus and second by Mr Horton this Board doth vote unanimously to purchase a policy to cover the Volunteer Fire fighters of Clay County and provide coverage as outlined in exhibit A with Provident Insurance Company through Galloway, Chandler and McKinney Insurance Agency

So ordered this the 24th day of August, 2011



President

Policy Schedule Page

Policy Number	ESO-7783181	Effective Date	09/01/11
		Expiration Date	09/01/14
Payment Method	Installments	Premium	\$10,958 00

Organization Clay County Fire Service, U S A
West Point, Clay Co , MS

Benefits

Section I **Death Benefits**

I A	Covered Injury Death Benefit	\$50,000
I B	Covered Illness Death Benefit	\$50 000
I C	HIV Positive Benefit – Optional	\$50 000
I D	Bereavement Benefit	\$5 000
I E	Dependent Child Benefit – (each child)	\$10 000
I F	Seat Belt Benefit	\$12 500

Section II **Impairment Benefits**

II A	Dismemberment Loss of Speech or Hearing Benefit	\$50 000
II B	Vision Impairment Benefit	\$50 000
II C	Cosmetic Disfigurement from Burns Benefit	\$50 000
II D	Permanent Physical Impairment Benefit	\$50 000
II E	Felonious Assault Benefit	\$12 500
II F	Impairment Modification Benefit	\$15 000

Section III **Income Protection**

III A	Maximum Weekly Total Disability Benefit	\$300
III A i	Minimum Weekly Total Disability Benefit	\$ 50
III A ii	Earned Income Replacement Benefit	\$250
III B	Partial Disability Benefit	\$300
III C	First Week Total Disability Benefit	\$1,000
III D	Cost of Living Adjustments	\$900
III E	Transition Benefit	\$300
III F	Retraining Benefit	\$20 000

Section IV **Medical Expenses Benefit**

IV A	Medical Expense Benefit	\$15,000
IV B	Plastic Surgical Expense Benefit	\$10 000

Exhibit A

Section V

Family Assistance

V A	Weekly Hospital Confinement Benefit	\$ 35
V B	Critical Care Benefit	\$ 70
V C	Family Expense Benefit	\$5,000
V D	Rehabilitation Benefit	\$2 500
V E	Mental Stress Management Benefit	\$5,000
V F	Traumatic Incident Benefit	\$2 500
V G	Health Insurance Premium Benefit	\$12,000

Section VI

Optional Auxiliary Person and/or Community Volunteer Coverage

VI A	Covered Injury – Death, Dismemberment, Loss of Speech or Hearing Vision Impairment Benefit	Full Coverage
VI B	Weekly Total Disability Benefit	Full Coverage
VI C	Weekly Hospital Confinement Benefit	Full Coverage
VI D	Medical Expense Benefit	Full Coverage
VI E	Special Illness Benefit	Full Coverage

- Full Coverage for Auxiliary Members
- Full Coverage for Community Volunteers
- Benefits for Auxiliary Members Only as above in Section VI
- Benefits for Community Volunteers Only as above in Section VI
- Benefits for Auxiliary Members and Community Volunteers as above in Section VI
- No Benefits for Auxiliary Members or Community Volunteers

Section VII

Organized League Athletics Benefits

VII A	Covered Injury – Death Dismemberment Loss of Speech or Hearing Vision Impairment Benefit	Not Covered
VII B	Weekly Total Disability Benefit	Not Covered
VII C	Weekly Hospital Confinement Benefit	Not Covered
VII D	Organized League Athletics Medical Expense Benefit	Not Covered

- If "Primary" we will pay covered medical expenses incurred by an **Insured Person** on a primary basis without regard to benefits that may be paid or payable under any other Valid and Collectible Insurance
- If 'Excess' we will not pay covered medical expenses incurred by an **Insured Person** that are paid or payable under any Other Valid and Collectible Insurance including Workers Compensation

NO _____


**IN THE MATTER OF REFUNDING TO ROBERT HARRELL CIRCUIT CLERK AN
OVERPAYMENT TO COUNTY FOR THE 2010 YEAR**

There came on this day for consideration the matter of refunding to Robert Harrell,
Circuit Clerk, an overpayment to county for the 2010 year

It appears that Mr Harrell exceeded the salary CAP for Circuit Clerks and in error
overpaid the county by \$401 00

After motion by Mr McKee and second by Mr Horton this Board doth vote unanimously
to refund \$401 00 to Mr Harrell, which represents the overpayment made to Clay County

So ordered this the 24th day of August, 2011


President


NO _____

IN THE MATTER OF AUTHORIZING THE PRESIDENT OF THE BOARD TO EXECUTE A
CONTRACT WITH THE GOLDEN TRIANGLE PLANNING AND DEVELOPMENT
DISTRICT TO PROVIDE PROFESSIONAL SERVICES FOR AN E-911 ADDRESSING
SYSTEM

The came on this day for consideration the matter of authorizing the President of the Board to execute a contract with the Golden Triangle Planning and Development District to provide professional services for an E-911 addressing system

After motion by Mr Horton and second by Mr McKee this Board doth vote unanimously to authorize the President of this Board to execute the attached contract marked as exhibit A

So ordered this the 24th day of August, 2011



President

CONTRACT FOR PROFESSIONAL GIS SERVICES

between

The Golden Triangle Planning and Development District,

The City of West Point Board of Selectmen,

and

The Clay County Board of Supervisors

THIS CONTRACT, entered into this day 24th of August, 2011, by and between the Board of Supervisors, Clay County, Mississippi, hereinafter referred to as the "County," The Board of Selectmen, City of West Point, hereinafter referred to as the "City," and the Golden Triangle Planning and Development District, Inc (a non-profit corporation organized and existing under the laws of the State of Mississippi), Starkville, Mississippi, hereinafter referred to as the "District "

IT IS HEREBY AGREED that the District, utilizing its facilities and resources, in conjunction with any necessary purchase of expendable supplies/services, will provide professional services in preparing an automated E-911 addressing system fir the benefit of County and City

I SCOPE OF SERVICES

The District shall develop an addressing system for the COUNTY, Which includes the incorporated municipality of west point (City), to locate each structure to its true location for use in emergency response situations Every structure in the county and the city will be mapped using state-of-the-art GIS (geographical information system), GPS (global positioning system), and remote sensing (high resolution color aerial ortho-photography) technologies and following the national standards for addressing The addressing system shall include

- a) Location of each structure in digital format with its true coordinates,
- b) Details of each structure in database format, linked to map features,
- c) A digital picture of each structure, linked to database and map, and
- d) Assignment of voting and political boundary designations to each structure, etc

All the parties (the County, the City, and the District) recognize the need for keeping the County addressing system updated as new structures/buildings are added The District will help the County and the City in drafting an ordinance for adoption to make sure that 1) the address changes are reported and documented, and 1) every structure being built obtains an address, before any utility is turned on After completion of this contract, the District will propose a contract to the

Exhibit A

Page 1 of 4

County and the City to provide future services for assigning new addresses This will help keep the E-911 map and the associated database updated on a regular basis to insure quality service for the County residents

II TYPE OF CONTRACT

This is a fixed cost professional services contract, and does not include any costs for legal services Any preparation for litigation, and any costs to the District for providing testimony shall be reimbursed to the District by the County and the City

III DATA, INFORMATION, PERSONNEL ASSISTANCE AND PROFESSIONAL SERVICES FURNISHED BY THE COUNTY BOARD OF SUPERVISORS AND THE BOARD OF SELECTMEN TO THE DISTRICT

It is expected that the County and the City will extend its assistance and cooperation in

- a) Providing updated tax maps, database, recent photography and/or other required information, and
- b) Obtaining data from external sources (utility companies and other agencies)

IV TIME OF PERFORMANCE

The project will commence October 1, 2010 and will continue until all activities are completed (to coincide with Clay County's contract with the Appalachian Regional Commission) Delays caused by utility companies, county divisions, city divisions, or other unforeseen circumstances are beyond the control of the GTPDD The District will immediately inform the County and the City of such situations, if necessary Appropriate steps will be taken to extend the project deadline

V COMPENSATION

In consideration of the performance of this contract, the District shall be paid a fixed fee amount of \$250,000, \$200,000 of which will be paid by Clay County via ARC (Appalachian Regional Commission) contract number MS-16788-10 County funds will pay half of 20% of the fixed fee in the amount of \$25,000 City funds will also pay half of 20% of the fixed fee in the amount of \$25,000 County and City payments are required by referenced grant


VI METHOD OF PAYMENT

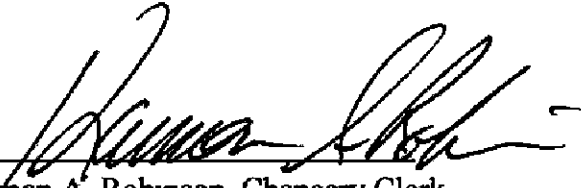
The County and the City will be charged on a monthly basis of a eighteen (18) month period in the sum of \$1388 89 for each party Payment shall be made to

the District not less frequently than monthly after receipt by the County and the City of an invoice from the District. Documentation of expenses shown on such invoices will be maintained in the files of the District.


IN WITNESS HEREOF, the Board of Supervisors, Clay County, Mississippi, the Board of Selectmen, West Point, Mississippi, and the Golden Triangle Planning and Development District, Inc, have executed this Contract by and through their duly authorized officers, signature and official seal, on the date herein first written

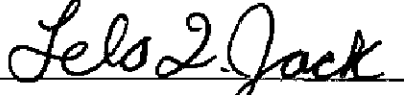
THE BOARD OF SUPERVISORS,
CLAY COUNTY

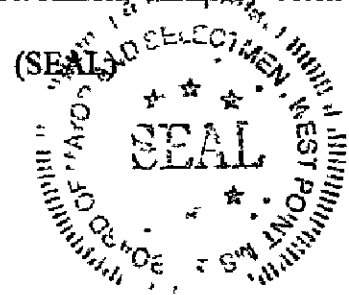
By 
Floyd McKee, President of the
Board of Supervisors Clay County

Attest 
Harmon A. Robinson, Chancery Clerk

THE BOARD OF SELECTMEN,
THE CITY OF WEST POINT

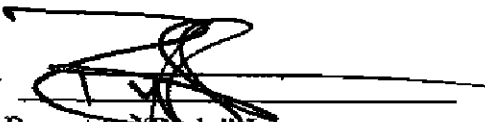
By 
H. Scott Ross, Mayor of the
City of West Point

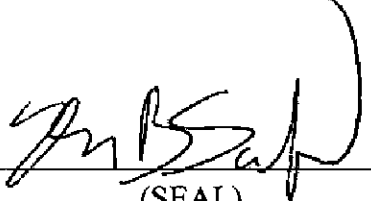
Attest 
Lela Jack, City Clerk



(SEAL)

GOLDEN TRIANGLE PLANNING AND
DEVELOPMENT DISTRICT, INC

By 
Rupert L. "Buddy" Johnson
Executive Director

Attest 
(SEAL)

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intentionally
Hewes & Roberts
Clerical Clerk

NO _____

IN THE MATTER OF APPROPRIATING INSURANCE REBATE MONIES TO THE
VOLUNTEER FIRE DEPARTMENTS

The came on this day for consideration the matter of appropriating insurance rebate monies to the volunteer fire departments

It appears that there is \$16,800 00 that may be dispersed to the seven (7) volunteer fire departments

After motion by Mr McKee and second by Mr Horton this Board doth vote unanimously to disperse equally \$16,800 00 of the insurance rebate monies among the seven (7) volunteer fire departments

So ordered this the 24th day of August, 2011


President

NO _____

IN THE MATTER OF AUTHORIZING THE PRESIDENT OF THIS BOARD TO EXECUTE
A LETTER OF ENGAGEMENT WITH J E VANCE AND COMPANY

There came on this day for consideration the matter of authorizing the President of this Board to execute a Letter of Engagement with J E Vance and Company

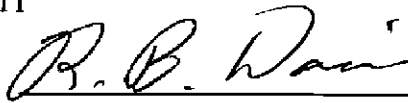
After motion by Mr McKee and second by Mr Lummus this Board doth vote unanimously to authorize the President to execute the attached letter of engagement for the 2010 audit with J E Vane and Company marked as exhibit A

So ordered this the 24th day of August, 2011



President

This Board doth recess until 9 A M on August, ^{25th} 2011



President

J E VANCE & COMPANY, P A
CERTIFIED PUBLIC ACCOUNTANTS

825 JEFFERSON STREET
POST OFFICE BOX 1280
TUPELO MISSISSIPPI 38802

(662) 842 2123
FACSIMILE (662) 841-6809
E-MAIL jev@jevance.com

August 22, 2011

Board of Supervisors, Clay County Mississippi
Robbie Robinson, Chancery Clerk

We are pleased to confirm our understanding of the services we are to provide Clay County for the year ended September 30, 2010. We will audit the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information, which collectively comprise the basic financial statements of Clay County as of and for the year ended September 30, 2010. Accounting standards generally accepted in the United States provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Clay County's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As a part of our engagement, we will apply certain limited procedures to Clay County's RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

- 1 Management's Discussion and Analysis
- 2 Budgetary Comparison Schedule

Supplementary information other than RSI also accompanies Clay County's basic financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America and will provide an opinion on it in relation to the financial statements as a whole:

- 1 Schedule of Expenditures of Federal Awards
- 2 Infrastructure Information Under Modified Reporting

MEMBER OF PCPS THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS ALLIANCE FOR CPA FIRMS

Exhibit A

Audit Objectives

The objective of our audit is the expression of opinions as to whether your basic financial statements are fairly presented, in all material respects, in conformity with U S generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America and the standards for financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, and will include tests of the accounting records of Clay County and other procedures we consider necessary to enable us to express such opinions. If our opinions on the financial statements are other than unqualified, we will fully discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or to issue a report as a result of this engagement.

We will also provide a report (that does not include an opinion) on internal control related to the financial statements and compliance with laws, regulations, and the provisions of contracts or grant agreements, noncompliance with which could have a material effect on the financial statements as required by *Government Auditing Standards*. The report on internal control and compliance will include a statement that the report is intended solely for the information and use of management, the body or individuals charged with governance, others within the entity, and specific legislative or regulatory bodies and is not intended to be and should not be used by anyone other than these specified parties. If during our audit we become aware that Clay County is subject to an audit requirement that is not encompassed in the terms of this engagement, we will communicate to management and those charged with governance that an audit in accordance with U S generally accepted auditing standards and the standards for financial audits contained in *Government Auditing Standards* may not satisfy the relevant legal, regulatory, or contractual requirements.

Management Responsibilities

Management is responsible for the basic financial statements and all accompanying information as well as all representations contained therein. As part of the audit, we will assist with preparation of your financial statements and related notes. You are responsible for making all management decisions and performing all management functions relating to the financial statements and related notes and for accepting full responsibility for such decisions. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements and that you have reviewed and approved the financial statements and related notes prior to their issuance and have accepted responsibility for them. Further, you are required to designate an individual with suitable skill, knowledge, or experience to oversee any nonaudit services we provide and for evaluating the adequacy of those services and accepting responsibility for them.

Management is responsible for establishing and maintaining effective internal controls, including monitoring ongoing activities, to help ensure that appropriate goals and objectives are met, for the selection and application of accounting principles, for the fair presentation in the financial statements of the respective financial position of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining information of Clay County and the respective changes in financial position and cash flows, where applicable, in conformity with U S generally accepted accounting principles

Management is also responsible for making all financial records and related information available to us and for ensuring that management and financial information is reliable and properly recorded Your responsibilities include adjusting the financial statements to correct material misstatements and for confirming to us in the representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud or illegal acts could have a material effect on the financial statements Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws, regulations, contracts, agreements, and grants and for taking timely and appropriate steps to remedy any fraud, illegal acts, violations of contracts or grant agreements, or abuse that we may report You are responsible for the preparation of the supplementary information in conformity with U S generally accepted accounting principles You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information You also agree to present the supplementary information with the audited financial statements

Management is also responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations Management is also responsible for identifying for us previous financial audits, attestation engagements, performance audits or other studies related to the objectives discussed in the Audit Objectives section of this letter This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits or other studies You are responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information

Audit Procedures – General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, therefore, our audit will involve judgment about the number of transactions to be examined and areas to be tested. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free from material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

Because an audit is designed to provide reasonable, but not absolute assurance and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform you of any material errors and any fraudulent financial reporting or misappropriation of assets that come to our attention. We will also inform you of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors, is limited to the period covered by our audit and does not extend to later periods for which we were not engaged as auditors.

Our procedures will include tests of documentary evidence supporting transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of the audit, we will require certain written representations from your about the financial statements and related matters.

Audit Procedures – Internal Controls

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be tests less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards and *Government Auditing Standards*.

Audit Procedures – Compliance

As part of obtaining reasonable assurance about whether the financial statements are free from material misstatement, we will perform tests of Clay County's compliance with the provisions of applicable laws, regulations, contracts, agreements, and grants. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

Audit Administration, Fees and Other

We understand that your employees will prepare all cash or other confirmations we request and will locate any documents selected by us for testing.

We will provide copies of our reports to Clay County, however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are made available for public inspection.

The audit documentation for this engagement is the property of J E Vance & Company, P A and constitutes confidential information. However, pursuant to authority given by law or regulation, we may be requested to make certain audit documentation available to regulatory, cognizant or oversight agencies or their designee(s), a federal agency providing direct or indirect funding, or the U S Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of such request. If requested, access to such audit documentation will be provided under the supervision of J E Vance & Company, P A personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. Those parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

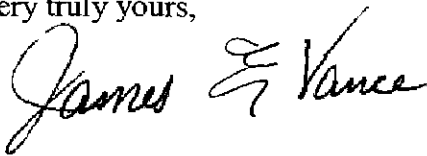
The audit documentation for this audit will be retained for a minimum of five years after the report release date or any additional period requested by any cognizant agency, oversight agency or pass-through entity for the audit. If we are aware that a federal awarding agency or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying audit documentation.

We expect to begin our audit on approximately August 23, 2011. Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (such as reproduction, word processing, postage, travel, copies, telephone, etc.) except we agree that our gross fee, including expenses, will not exceed \$29,800. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. As specified in our Contract for Professional Services, we will be entitled to one interim payment, which shall not exceed 70% of the above fee.

Government Auditing Standards require that we provide you a copy of our most recent external peer review report and any letter of comment, and any subsequent peer review reports and letters of comment during the period of the contract. Our 2010 peer review report accompanies this letter.

We appreciate the opportunity to be of service to Clay County and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,



J E Vance & Company, P A
James E Vance, CPA
President

RESPONSE

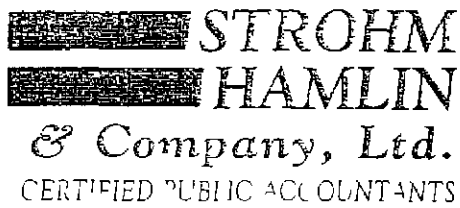
This letter correctly sets for the understanding of Clay County



President, Board of Supervisors

Clerk, Board of Supervisors

Harry J. Strohm II CPA
Mark E. Hamlin CPA



3900 Lakeland Drive
Suite 100
Flowood, Mississippi 39232
(601) 939-3498
FAX (601) 932-8754

System Review Report

August 25, 2010

To the Owner
J. E. Vance & Company, P.A.
and the Peer Review Committee of the Mississippi Society of CPAs

We have reviewed the system of quality control for the accounting and auditing practice of J. E. Vance & Company, P.A. (the firm) in effect for the year ended May 31, 2010. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants. The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review. The nature, objectives, scope, limitations of, and the procedures performed in a System Review are described in the standards at www.aicpa.org/prsummary.

As required by the standards, engagements selected for review included engagements performed under Government Auditing Standards, including the Single Audit Act.

In our opinion, the system of quality control for the accounting and auditing practice of J. E. Vance & Company, P.A. in effect for the year ended May 31, 2010, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of pass, pass with deficiencies or fail. J. E. Vance & Company, P.A. has received a peer review rating of pass.

Strohm, Hamlin & Company, Ltd.

Members
American Institute of CPAs
American Institute of CPAs Private Companies Practice Section
Mississippi Society of CPAs

INSTRUMENT NO _____

BOOK _____

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INTENTIONALLY

This the ____ day of _____, 20____

Harmon A. Robinson, Chancery Clerk

BY _____ D.C.

BE IT REMEMBERED that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, Mississippi, on the 25th day of August, 2011, at 9 00 o'clock a m , and present were R. B Davis, President of the Board, Lynn Horton, Vice President, Shelton Deanes, Luke Lummus, and Floyd McKee Also present at said meeting were Harmon A Robinson, Clerk of the Board, and Laddie Huffman, Sheriff, when and where the following proceedings were had and determined, to-wit

NO _____

IN THE MATTER OF HEARING OF OBJECTIONS TO THE 2011 PROPERTY ROLLS OF
CLAY COUNTY MISSISSIPPI


There came on this day for consideration the matter of hearing of objections to the 2011 Property Rolls of Clay County Mississippi

It appears to this Board that seven objections were timely filed with the Clerk of the Board on August 1, 2011, and

It appears that all parcels presented to the Board for adjustments have been considered by this Board and values have been determined as reflected in the attached exhibits A and B

After motion by Mr Deanes and second by Mr Lummus this Board doth vote unanimously to approve the new values as reflected in the attached exhibits A and B and have the Clerk of the Board give notice of the Board's determination to each property owner listed therein

So ordered this the 25th day of August, 2011



President

2011 Board Appeals

Name	Parcel#	Old Value	New Value
Duke, David A	092B 23A 0070800	\$ 68,421	\$ 39,610
Miller, Edmund A Jr	091C 30A 0141400	\$ 523,158	\$ 463,180
West Point Clay Co Animal Shelter	092B 23A 0070700	\$ 101,919	\$ 43,724
Americold Logistics #78414	501111111	\$ 2,205,955	\$ 1,948,546
Price, Roger	(see attachment)		
Jones, Enron C Jr	092A224B 0190000	\$ 318,138	\$ 318,138 301,250.00
Kohart Real Estate Company LTD	092B 23A 0070000	\$ 1,792,150	\$ 1,792,150 800,000

Personal Property

EXHIBIT A

Roger Price Properties

Address	Parcel#	Old Value	New Value
645 Grove St	083C314B 0290000	\$ 120,195	\$ 67,186
424 High St	082D115D 0060000	\$ 107,450	\$ 107,450
120 Broad St	082D115D 0010000	\$ 61,556	\$ 51,684
132 Wyman Dr (Westwood)	082C116D 0430100	\$ 72,167	\$ 72,167
431-433 High St	082D115D 0500000	\$ 44,777	\$ 44,777
835 Hill St	083B211C 0090000	\$ 41,439	\$ 41,439
705 Grove St	083C314B 0530000	\$ 61,539	\$ 51,985
508 Commerce St	083C214G 0200000	\$ 78,678	\$ 61,876
334 Eshman Ave	083D213C 0040000	\$ 84,229	\$ 61,756
		<u>\$ 672,030</u>	<u>\$ 560,320</u>

EXHIBIT B

RECAPITULATION OF ASSESSMENTS OF REAL AND PERSONAL PROPERTY OF

CLAY COUNTY STATE OF MISSISSIPPI

as of the first day of January 20 11 as shown by the Rolls therefore made by the assessor of said County equalized by the Board of Supervisors of said County at its

JULY 20 11 meeting and further equalized and corrected fixed revised

and perfected by said Board at its AUGUST 20 11 meeting after considering all objections made thereto (said rolls being on file in the office of the Clerk of

said Board in the City of WEST POINT in said County) to wit

CLASSES OF PERSONAL PROPERTY	1 True Value of All Properties Reflected in Columns 2 and 3				Ratio /	2 Assessed Valuation (Use whole dollars & cents)			INDUSTRIES Subject to Sec 27 39 329 and School Tax	DO NOT INCLUDE THIS VALUE IN COLUMN 2	Mfg Produc (School Tax Only)
	Billio	Millions	Thous	Hunds		Millions	Thous	Hunds			
	A Automobiles		59	626		597	30	19			
B Mobile Homes		9	349	276	15	1	402	397	B		
1 Furniture & Fixtures		27	069	123	15	3	878	185	1	182 191	
2 Machinery & Equipment		23	440	892	15	2	981	256	2	534 876	
Leased Equipment		2	867	031	15		430	055	3		
4 Licenses		28	197	632	15	4	229	662	4		
5 Banks (Intangible Only)									5		
6 Int Liab (27 31 104)									6		
7 Miscellaneous			934	939	15		140	244	7		
8 Manufactured Products (Subject to 7 31 7 & 57 10 255)										8	
C Grand Total		157	485	490		32	750	647	C	717 069	
D Total Subject to Levee Tax									D		

Total Number of Personal Property Parcels Assessed 634
REAL PROPERTY 20 11

Class of Land	1 True Value of All Properties Reflected in Columns 2 and 3				Ratio /	2 Assessed Valuation			INDUSTRIES Subject to Sec 27 39 329 and School Tax	DO NOT INCLUDE THIS VALUE IN COLUMN 2	No Acres
	Billio	Millions	Thous	Hunds		Millions	Thous	Hunds			
1 Class I lands		63	893	114	10	6	389	405	1		
2 Class I Improvements		354	401	377	10	35	440	398	2		
3 Unavailable Lands (excluding improvements)		34	935	818	15	5	240	533	3		
4 Building & Improvements on County Lands		60	976	783	15	9	146	579	4		
Unavailable lands (excluding improvements & timber)		24	407	691	15	3	661	271	5		
6 Real estate in cities towns & villages		64	477	958	15	7	661	303	6	10 500	
7 Buildings & Improvements thereon		197	492	078	15	27	959	576	7	164 304	
8 Int Liab (27 31 104)									8		
A Total Levee & V l at o s b j t to tax		790	584	819		97	499	059	A	174 804	
9 U.S. Government Land										9	
10 Exempt land & school land										# 3188.5	
11 Stat Co ty Municipal land										# 1850.7	
12 Acres assessed by tax commission										# 625.0	
B TOTAL LAND IN COUNTY										# 769.0	
C Lands subject to taxes										B 258,733	

Total Number of Real Property Parcels Assessed 12,728

CERTIFICATE OF BOARD OF SUPERVISORS

the Department of Revenue of the State of Mississippi

compliance with the requirements of Section 27 35 111 Miss Code Ann we the undersigned constituting the Board of Supervisors of
County State of Mississippi do hereby certify that we have
day carefully compared the recapitulations appearing on the reverse side hereof with the assessment rolls of real and personal property as of the
day of January 20 11 that said recapitulations contain true correct and complete statements of the final total of said roll as finally fixed
revised by said Board at its AUGUST 20 11 meeting that said recapitulations are in all things true and
plete and are hereby transmitted in good faith to comply with the requirements of said section

ness our signatures this the 25 day of AUGUST 20 11

THE BOARD OF SUPERVISORS OF SAID COUNTY

By [Signature] President and Member from District No THREE
By [Signature] Member from District No FOUR
By [Signature] Member from District No FIVE
Member from District No ONE
Member from District No TWO

CERTIFICATE OF CHANCERY CLERK

STATE OF MISSISSIPPI
County of CLAY

I the undersigned Clerk of the Chancery Court of CLAY County State of Mississippi
and Ex Officio Clerk of the Board of Supervisors of said County do hereby certify

that I have carefully verified the footings of the pages and recapitulations of the rolls of assessments of the real and personal property of said County
of the first day of January 20 11 and have carefully compiled the foregoing statements appearing on the reverse side hereof, that said
statements are true correct and complete statements of the final totals of the quantities of said rolls as finally equalized, fixed corrected revised and
corrected by the said Board of Supervisors at the AUGUST 20 11 meeting and that said
statements are in all things true correct and complete recapitulations of said rolls and I do hereby further certify that the foregoing are the signatures
of the members of the said Board of Supervisors

In witness my hand and seal of office this the 25 day of AUGUST 20 11
[Signature]
Clerk, Board of Supervisors

SEAL)

Do not write below this line

ORDER OF THE DEPARTMENT OF REVENUE

It appears to the satisfaction of the Department of Revenue of the State of Mississippi after visiting the said county of this State conferring with the Assessor
and studying the values of the various classes of properties therein the economic conditions thereof and the methods employed by the Assessor and
Supervisors in making and equalizing the assessments thereof and after making a careful examination of the recapitulation of the assessment rolls of Real
and Personal Property of _____ County for the tax year 20__ as shown by the
foregoing statements (appearing on the reverse side hereof) that they are reasonably equal and uniform with the assessments of the other counties of the state
approved or as changed by the orders of the Department of Revenue

IT IS THEREFORE ORDERED that said assessment rolls and the assessments therein contained by and are hereby approved and the Board of Supervisors
of said County are hereby directed to have copies of said rolls made and certified to the Tax Collector and to the Department of Revenue in accordance with
the requirements of Section 27 35 123 Miss Code Ann and it is further ordered that the Commissioner of Revenue be and he is hereby directed to certify a
copy of this order to the President of the Board of Supervisors of said County

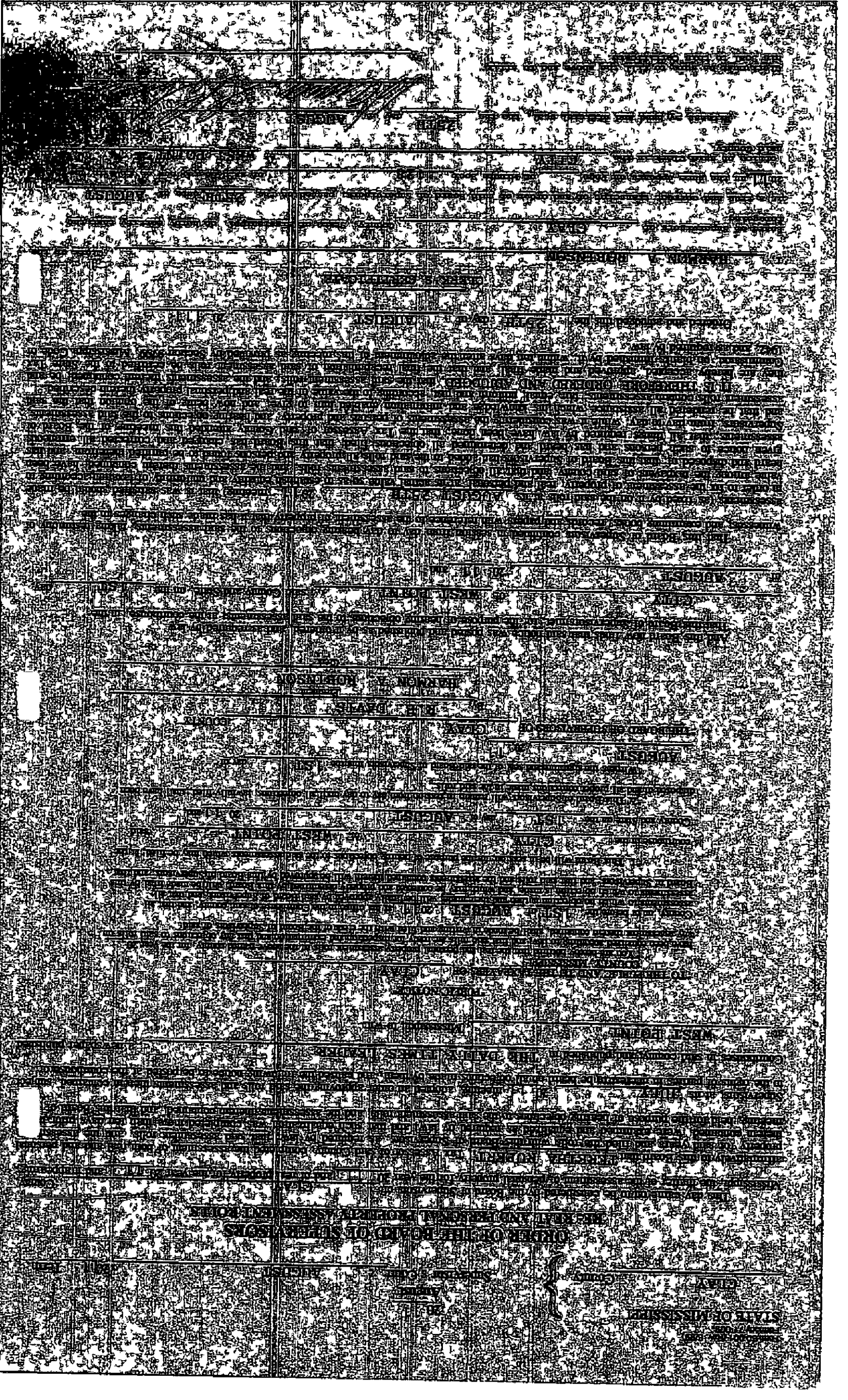
Ordered and adjudged this the _____ day of _____ 20__

CERTIFICATE OF THE DEPARTMENT OF REVENUE

I, Commissioner of Revenue of the State of Mississippi I do hereby certify that the above and foregoing is a true and correct copy of an order of the
Department of Revenue adopted on the date therein stated and as shown in the Minutes of the said Department of Revenue

In witness my signature this the _____ day of _____ 20__

Commissioner of Revenue



The image shows a highly degraded scan of a document, likely a table or ledger. The page is almost entirely black with significant white noise and artifacts. Faint, illegible text and grid lines are visible, suggesting a structured layout with multiple columns and rows. The text is mirrored and difficult to decipher due to the quality of the scan.

OTHER OF THE BOARD OF STATE

STATE OF MISSISSIPPI

NO _____


IN THE MATTER OF ACCEPTING BIDS FOR AN ENERGY EFFICIENCY AND
CONSERVATION BLOCK GRANT

There came on this day for consideration the matter of accepting bids for an Energy Efficiency and Conservation Block Grant Project

It appears that two (2) bids were received and they were A & H Electrical and Refrigeration and Excel Energy Group A & H bid \$156,517 20 and Excel Energy bid each line item but did not total their bid

After motion by Mr McKee and second by Mr Lummus this Board doth vote unanimously to take said bids under advisement and have the project engineer John Cunningham to review the bids and total the bid of Excel Energy Group, and come back to this Board with a recommendation at its September 8, 2011 meeting

So ordered this the 25th day of August, 2011


President

ADDENDUM NO 1

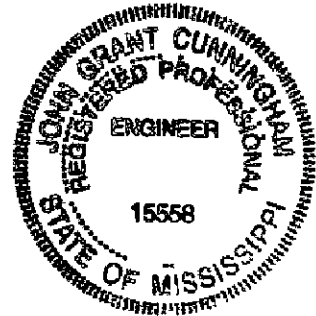
**CLAY COUNTY
ENERGY EFFICIENCY AND CONSERVATION BLOCK GRANT (EECBG) PROJECT
WEST POINT, MISSISSIPPI**

August 23, 2011

The following revisions and/or clarifications shall apply to the specifications and plans for the above referenced project, prepared by Neel-Schaffer Inc Columbus Mississippi

- A Pre-bid meeting Attendees list Agenda and Notes are attached and made part of this addendum
- B Pre bid and additional questions/comments are addressed as follows
 - i All lamps for replacement shall remain with the Owner and the Contractor shall make arrangements to coordinate delivery of all lamp replacements to the Owner's facility for storage Delivery may be to a designated spot at the existing facility where the lamps are removed or to the nearest site available for the Owner within Clay County All other items removed shall be disposed off site unless the Owner request certain items remain for storage during construction Price for delivery and/or disposal shall be included in each bid item corresponding to new installations
 - ii Time of Completion shall be 60 consecutive calendar days
 - iii Windows shall be cleaned by the Contractor according to manufacturer's recommendations for installing thermal firm Any windows requiring minor repair shall be addressed by the Owner prior to installing film The Owner shall field locate windows with the Contractor at a preconstruction inspection prior to installing film
- C Bid Schedule, Bidder's Proposal, replace sheets 3 through 4 as attached
- D Section 01025, Technical Specifications, replace as attached

*** END OF ADDENDUM ***



John G. Cunningham

 John G Cunningham, Neel-Schaffer, Inc

UPON RECEIPT OF THIS ADDENDUM, PLEASE SIGN BELOW AND FAX BACK TO US AT 662-328-8552

RECEIPT OF ADDENDUM NO 1

SIGNATURE

DATE

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PRE-BID MEETING

CLAY COUNTY

**ENERGY EFFICIENCY AND CONSERVATION BLOCK GRANT
(EECBG) PROJECT**

AUGUST 16, 2011, 10.00 A.M.

ATTENDEES

	Name	Company	Telephone #	Fax #
1	John Cunningham	Neel-Schaffer	602 328 4460	328.8552
2	BB Tom	Clay County	295-1874	
3	Warren Robinson	Charney Club	494-3124	
4	Floyd Mike	Clay County	295-2926	
5	Phyllis L. ...	Clay Co	295 6118	
6	Lyle Lamm	Clay Co	295-7037	
7	Don ...	Clay Co	295-2323	
8	Clay Barrett	The Service Company	601-482-8529	601-482-5668
9	Harold Hollingsworth	" " "	" " "	" " "
10	Jed Reed	A & H	494-5391	494-5397
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CLAY COUNTY

**ENERGY EFFICIENCY AND CONSERVATION BLOCK GRANT
(EECBG) PROJECT**

PRE-BID AGENDA

- 1 Welcome and Introduction
- 2 Advertisement for Bids
 - a Date, time, and place of bid opening
 - b Contract Time
 - c Liquidated Damages
 - d Contact Information
- 3 Instructions to Bidders
 - a Form of Proposals
 - b Certificate of Responsibility
 - c Omissions and Discrepancies
 - d Addenda
 - e Interpretations
 - f Insurance
 - g Conditions of Work
 - h Subcontractors
 - i Method of Award
 - j Warranty
- 4 Bidder s Proposal
 - a Bid Form
 - b Acknowledgement of Addenda
 - c Forms
- 5 Commencement and Time of Completion
- 6 Pre-Construction Conference
- 7 Plans and Technical Specification Topics
 - a General Scope of Work
 - b EECBG Requirements
 - c Temporary Facilities
 - d Building Access
 - e Work Hours
 - f Coordination of Work w/ Owner
 - g Start-up Testing and Operations
- 8 Questions and/or Comments
- 9 Site Visit
- 10 Adjourn

CLAY COUNTY
ENERGY EFFICIENCY AND CONSERVATION BLOCK GRANT
(EECBG) PROJECT

PRE BID MEETING NOTES
AUGUST 16, 2011

1 Welcome and Introduction

2 Advertisement for Bid

a Bids for the project will be received at the board room for Board of Supervisors office at the address shown until 10 am, August 25, 2011 and opened at that time

b Contract time for the base bid will be 45 consecutive calendar days from the issuance of the Notice to Proceed

c The amount of liquidated damages (LDS) per day will be \$200 00 over the allotted time LDS will be assessed for each consecutive calendar day the Work has not achieved substantial completion and final completion

d Contact Information

John Cunningham, P E Neel-Schaffer, Inc ,
2310 Martin Luther King Jr Drive
Columbus, Mississippi, 39705
Phone No (662) 328-4460
Fax No (662)328-8552

• Technical Inquires John Cunningham, P E

3 Instructions to Bidders

a Form of Proposals Proposals must be submitted on the forms furnished

b Certificate of Responsibility Certificate of Responsibility Number must be on the outside of the sealed envelope containing the bid if the bid is over \$50,000

c Omissions and Discrepancies Bidders should immediately notify the ENGINEER in writing should they find any omissions or discrepancies

d Addenda Addenda will be issued as necessary and must be acknowledged If necessary, the bid opening date will be postponed

e Interpretations No oral interpretation will be considered an effective modification of any of the provisions of the Contract Documents Written requests for interpretation of the Plans

and Specifications shall be submitted to the ENGINEER at least 10 days prior to opening of bids so that an addendum can be issued

- f Insurance The CONTRACTOR will be required to carry the types and amounts of insurance named in the Contract Documents for the full life of the Contract
- g Conditions of Work Each bidder must inform himself fully of the conditions relating to the construction of the Project. Failure to do so will not relieve a successful bidder of the obligation to furnish all materials and labor necessary to carry out the provisions of the Contract. Site visits can be scheduled as necessary.
- h Subcontractors Any proposed Subcontractors must be acceptable to the OWNER. Nothing contained in the Contract Documents shall create any contractual relation between subcontractor and the OWNER.
- i Method of Award The OWNER will award the Contract to the lowest responsive, responsible bidder unless all Bids are rejected.
- j Warranty one year warranty shall be provided to the Owner regarding labor and materials as stipulated in the contract documents. It will start at agreed substantial completion date or at latest upon final acceptance by the Owner.

4 Bidder's Proposal

- a Bid Form Consist of the following
 - Parts A, B, C and Alternate D-- for unit price and lump sum bid items
- b Acknowledgement of Addenda All addenda must be acknowledged on the bid form
- c Forms The following additional forms are included in the bid package and must be submitted as required
 - Corporate/Partnership Declaration
 - Non-Collusion Affidavit
 - Bid Bond
 - Proposed Subcontractors

5 Commencement and Time of Completion Contract time will commence on the day the Notice to Proceed is issued and will attain final completion within 45 consecutive calendar days

6 Pre-Construction Conference A pre-construction conference will be held after the Effective Date of the Agreement, but prior to the date on the Notice to Proceed

7 Plans and Technical Specification Topics

- a General Scope of Work – alternate lighting retrofits with occupancy sensors, thermal film on courthouse windows, VMOS, are in accordance with the MDA energy audit as in the attachments, Attachment "A", Wage rates, Attachment "B", ARRA forms, Attachment "C", MDA Energy Audit (selected parts only), Attachment "D", Clay County Grant Agreement (selected parts only)

-
- b EECBG Requirements – see Section 1030, Davis Bacon Act does apply weekly payrolls to go to GTPDD (Grand Admin , Phylis Benson), wage rates are located in Attachment “A”, ARRA forms, and Buy America Act applies
 - c Temporary Facilities – Contractor to provide for all temp utilities, access or office needs to complete project
 - d Building Access
 - e Work Hours – 8 am to 5 pm, Mon thru Fri – special coordination may be allowed for after normal business hours for working, if Owner chooses
 - f Coordination of Work w/ Owner – work by Contractor must not conflict with normal operations fully including any down time
 - g Start-up, Testing and Operations
- 8 Questions and Answers
- 9 Discuss Site Visit: Attendees toured all existing facilities
- 10 Adjourn The meeting was adjourned at approximately 12 00 p m

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BID SCHEDULE					
Pay Item	Description	Quantity	Unit	Unit Price (Price in Figures)	Total Price (Price in Figures)
PART A – COURTHOUSE					
A 1	Relamp Fixture with T8 Fluorescent Lamps and Retrofit with Electronic Ballast	117	EA		
A 2	Install Programmable Thermostats	13	EA		
A 3	Install Thermal Film on Windows	1155	SF		
A 4	Install Vending Machine Occupancy Sensor (VMOS)	1	EA		
A 5	Relamp Fixture w/ 13W CFL (Screw In Type)	23	EA		
A 6	Replace 300W Incandescent Fixture with 2F25T8 Fluorescent Fixture	12	EA		
PART B – OFFICE COMPLEX					
B 1	Relamp Fixture with T8 Fluorescent Lamps and Retrofit with Electronic Ballast	279	EA		
B 2	Install Programmable Thermostats	16	EA		
B 3	Install VMOS	1	EA		
B 4	Install Occupancy Sensors	9	EA		
B 5	Replace Existing 100 Gallon Hot Water Heater with High Efficiency Hot Water Heater	1	EA		
B 6	Project signage and EECBG compliance	1	LS		
B 7	Relamp Fixture w/ 13W CFL (Screw In Type)	72	EA		
PART C – HEALTH DEPARTMENT					
C 1	Relamp Fixture with T8 Fluorescent Lamps and Retrofit with Electronic Ballast	39	EA		
C 2	Install Programmable Thermostats	2	EA		
C 3	Install VMOS	1	EA		
C 4	Install Occupancy Sensors	8	EA		

C	5	Relamp Fixture w/ 13W CFL (Screw In Type)	6	EA		
TOTAL BASE BID						
ALTERNATE BID ITEMS – SHALL BE 1 IN LIEU OF BASE BID ITEMS OR 2 AS ADDITIVE ITEMS TO BASE BID						
D	1	Replace Existing Fixture with New T8 Fixture in Lieu of Retrofit Base Bid Items A1, B1 and/or C1	1	EA		
D	2	Install Digital Electrical Timer on Vending Machine in Lieu of VMOS Base Bid Items A4 B3 and/or C3	1	EA		
TOTAL ALTERNATE BID						

THE BIDDER'S TOTAL ABOVE IS HIS TOTAL BID BASED ON HIS UNIT PRICES AND LUMP SUM PRICES AND THE ESTIMATED QUANTITIES THIS FIGURE IS FOR INFORMATION ONLY AT THE TIME OF OPENING BIDS THE OWNER WILL MAKE THE TABULATION FROM THE UNIT PRICE BID IF THERE IS AN ERROR IN THE TOTAL BY THE BIDDER, IT SHALL BE CHANGED AS ONLY THE UNIT PRICE SHALL GOVERN

THE BIDDER IS ADVISED THAT ACTUAL WORK PERFORMED WILL BE BASED ON AVAILABILITY OF FUNDING AT THE TIME OF CONSTRUCTION AND MAY BE SOME OR ALL OF THE BID ITEMS LISTED

UNIT AND LUMP SUM PRICES ARE ESTABLISHED FOR THE OWNER'S CHOICE IN SELECTING ALL OR PART OF BASE BID AND ALTERNATE BID ITEMS OR A COMBINATION THERE OF FOR AWARD OF CONTRACT OR FOR ADDING TO OR DELETING TO THE ITEMS INCLUDED IN THIS PROPOSAL DURING THE CONTRACT PERIOD (COMPLETION TIME)

OWNER RESERVES THE RIGHT TO CHOOSE ANY COMBINATION OF BID ITEMS, INCLUDING ADDING OR DELETING FROM THE ABOVE ITEMS FOR THE PURPOSE OF DETERMINING THE LOWEST, RESPONSIVE, RESPONSIBLE BIDDER

NOTES

UNIT PRICING FOR ALL LIGHTING RETROFITS OR NEW INSTALLATIONS SHALL INCLUDE RETROFIT OR REPLACEMENT OF SAME LENGTH FIXTURES, APPURTENANCES AND NUMBER OF LAMPS SPECIFIED IN STANDARD MANUFACTURED LENGTHS AND SHALL INCLUDE ANY REWIRING FOR NEW INSTALLATIONS IN METAL CONDUIT (EMT) WHERE NO OR PLASTIC CONDUIT EXISTS ALL IN ACCORDANCE WITH LATEST STANDARD OF NEC ALL HANGING EQUIPMENT FOR SUPENDED LIGHTING SHALL USE MINIMUM SUPPORTS SPECIFIED OR REQUIRED BY LIGHTING MANUFACTURER

SECTION 01025

MEASUREMENT AND PAYMENT

PART 1 - GENERAL

1 01 Description

- A. CONTRACTOR shall furnish all labor, materials, tools, equipment, appurtenances and all services necessary to perform all Work required, at the lump sum or unit prices for the items listed herein
- B. The items listed below beginning with Article 1 04, refer to and are the same pay items listed in the Prices Bid Table. These items constitute all of the pay items for the completion of the Contract. No direct or separate payment will be made for providing miscellaneous, temporary, or accessory works, plant, services, CONTRACTOR'S or ENGINEER'S field offices, layout surveys, job signs, sanitary requirements, testing, safety devices, approval and record drawings, water supplies, power removal of waste watchmen, bonds insurance, taxes and all other requirements of the Contract Documents. Compensation for all such services, things and materials shall be included in the prices stipulated for the lump sum and unit pay items listed herein.

1 02 Engineer's Estimate of Quantities

The ENGINEER'S estimated quantities for unit bid prices, as listed in the Bidder's Proposal, are approximate only and are included solely for the purpose of comparison of Bids. The OWNER does not expressly or by implication agree that the nature of the materials encountered below the surface of the ground or the actual quantities of material encountered or required will correspond therewith and reserves the right to increase or decrease any quantity or to eliminate any quantity as OWNER may deem necessary.

1 03 Related Provisions Specified Elsewhere

- A. Payments to CONTRACTOR. Refer to General Conditions Article 14
- B. Changes in Contract Price. General Conditions, Article 11 and Contract Forms

1 04 Pay Items

- A. Item (s) A1, B1 and C1 -- Relamp Fixture with T8 Fluorescent Lamps and Retrofit with Electronic Ballast
 - 1 Description
Work shall include all labor, materials and equipment necessary to retrofit existing light fixtures with new T8 lamps (match existing number of lamps at minimum) and retrofit existing fixture with electronic ballast identified in the MDA Energy Audit in accordance with NEC standards, latest editions of the International Building, Fire,

01025-1

Plumbing, Mechanical and Gas Fuel Codes, or other applicable federal, state and local codes and shall include, but not be limited to all

- EECBG requirements,
- demolition and disposal plans and associated costs,
- testing, lamp replacements, ballast retrofits,
- shop drawings,
- electrical wiring
- and any other pertinent items required for retrofits

Lengths may differ and shall match existing standard fluorescent light fixture lengths at no additional compensation for different lengths Contractor shall field verify before ordering materials

2 Measurement and Payment

Payment of the amount bid for Item(s) shall be full compensation for each light fixture completely relamped and retrofitted as specified in the MDA Energy Audit The unit price shall include all labor, equipment and material required to complete the work Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to complete construction

B. Item(s) A2, B2 and C2 – Install Programmable Thermostats

1 Description

Work shall include all labor, materials and equipment necessary to install programmable thermostats with lockable covers as specified in the MDA Energy Audit and in accordance with NEC standards, latest editions of the International Building, Fire, Plumbing, Mechanical and Gas Fuel Codes, or other applicable federal, state and local codes and shall include all EECBG requirements, demolition and disposal costs, electrical wiring and any other pertinent items required for installing programmable thermostats Thermostats shall be compatible with controlling existing heating and cooling units where specified for replacement

2 Measurement and Payment

Payment of the amount bid for Item(s) shall be full compensation for each thermostat installed as specified in the MDA Energy Audit The unit price shall include all labor, equipment and material required to complete the work Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to complete construction

C. Item A3 – Install Thermal Film on Windows

1 Description

Work shall include all labor, materials and equipment necessary to install 3M PR50 or approved equal thermal film on the windows in accordance with manufacturer's specifications at specified locations included in the MDA Energy Audit and in accordance with latest editions of the International Building Code or other applicable federal, state and local codes and shall include all EECBG requirements, window

01025-2

preparation for film installation, disposal costs and any other pertinent items required for installing thermal film

2 Measurement and Payment

Payment of the amount bid for Item shall be full compensation for each square foot of thermal film properly installed as specified in the MDA Energy Audit. The unit price shall include all labor, equipment and material required to complete the work. Materials for which a pay item is not included that are necessary to complete the work shall be considered incidental to complete construction.

D. Item(s) A4, B3 and C3 – Install Vending Machine Occupancy Sensor

1 Description

Work shall include all labor, materials and equipment necessary to install VMOS at locations specified in the MDA Energy Audit and in accordance with applicable federal, state and local codes and shall include all EECBG requirements, demolition and disposal costs and any other pertinent items required for installing VMOS in vending machines according to the manufacturer's recommendations.

2 Measurement and Payment

Payment of the amount bid for Item(s) shall be full compensation for each vending machine installed as specified in the MDA Energy Audit. The unit price shall include all labor, equipment and material required to complete the work. Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to complete construction.

E. Item(s) B4 and C4 – Install Occupancy Sensors

1 Description

Work shall include all labor, materials and equipment necessary to install new LED exit signs identified in the MDA Energy Audit in accordance with NEC standards, latest editions of the International Building, Fire, Plumbing, Mechanical and Gas Fuel Codes, or other applicable federal, state and local codes and shall include, but not be limited to, all

- EECBG requirements,
- demolition and disposal plans and associated costs,
- testing,
- shop drawings,
- electrical wiring
- and any other pertinent items required for retrofits

Minimum Requirements

- Manual on/off push button override
- 2,400 square feet coverage
- 120 or 277 VAC operation
- Four time delay off settings
- Ambient light recognition

01025-3

- Presentation mode feature
- Multi-switch locations

The unit price shall include all labor, equipment and material required to complete the work. Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to complete construction.

2 Measurement and Payment

Payment of the amount bid for Item shall be full compensation for each sensor installed as specified in the MDA Energy Audit. The unit price shall include all labor, equipment and material required to complete the work. Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to complete construction.

F Item(s) B5 – Replace Existing 100 Gallon Hot Water Heater with High Efficiency Hot Water Heater

1 Description

Item includes all labor, equipment and materials required to replace the existing electric hot water heater with a new high efficiency condensing unit assembly in accordance with MDA Energy Audit, including all mechanical, plumbing and electrical connections equivalent or better than existing for complete operable assembly. Work shall include, but not be limited to, sizing and venting a flue through roof (at least 20 feet horizontally away from unit) with required vertical extension to meet code, insulation and rewiring the unit from existing junction box to unit (no more than 20 feet) in metal conduit. Work for this item also, shall include, but not be limited to, all demolition, disposal plan, ARRA documentation and submittal, submittals, and shall be in accordance with the latest editions of the International Building, Fire, Plumbing, Mechanical and Gas Fuel Codes, NEC or other applicable federal, state and local codes.

2 Measurement and Payment

Payment of the amount bid for Item(s) shall be full compensation for each vending machine installed as specified in the MDA Energy Audit. The unit price shall include all labor, equipment and material required to complete the work. Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to complete construction.

G Item(s) B6 – Project signage and EECBG compliance

1 Description

Work shall include all labor, materials and equipment necessary to comply with EECBG program requirements.

2 Measurement and Payment

Payment of the amount bid for Item shall be lump sum and based on the percent of construction complete as determined by the Engineer. The lump sum price shall exceed 3% of base bid amount, regardless if an alternated bid is added to the base.

01025-4

bide) and shall be paid and includes all labor, equipment and material required to complete the work. Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to completion.

H Item(s) A5, B7 and C5 - Relamp Fixture with 13 Watt (W) Compact Fluorescent Lamp (CFL) (Screw In Type)

1 Measurement

Work shall include all labor, materials and equipment necessary to replace existing screw in type lamps with new energy efficient CFL s in accordance with NEC standards, latest editions of the International Building, Fire, Plumbing, Mechanical and Gas Fuel Codes, or other applicable federal, state and local codes and shall include all EECBG requirements, demolition and disposal costs, testing and any other pertinent items required for replacing lamps.

2 Payment

Payment of the amount bid for Item(s) shall be full compensation for each lamp replaced as specified in the MDA Energy Audit. The unit price shall include all labor, equipment and material required to complete the work. Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to complete construction.

I Item(s) A6 - Replace 300W Incandescent Fixture with 2F25T8 Fluorescent Fixture

1 Measurement

Work shall include all labor, materials and equipment necessary to replace existing fixtures with new energy efficient T8 fixtures in accordance with the MDA Energy Audit with NEC standards, latest editions of the International Building, Fire, Plumbing, Mechanical and Gas Fuel Codes, or other applicable federal, state and local codes and shall include all EECBG requirements, demolition and disposal costs, testing and any other pertinent items required for replacing lamps. Work shall include but not be limited to all electrical wiring and conduit, suspension/hanging structures or other necessary items for installing replacement fixtures.

2 Payment

Payment of the amount bid for Item(s) shall be full compensation for each fixture replaced as specified in the MDA Energy Audit. The unit price shall include all labor, equipment and material required to complete the work. Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to complete construction.

J Item(s) D1 - Replace Existing Fixture with New T8 Fixture in Lieu of Retrofit Base Bid Items A1, B1 and/or C1

1 Measurement

Work shall include all labor, materials and equipment necessary to replace existing fixtures with new energy efficient T8 fixtures in accordance with with NEC standards, latest editions of the International Building, Fire, Plumbing,

01025-5

Mechanical and Gas Fuel Codes, or other applicable federal, state and local codes and shall include all EECBG requirements, demolition and disposal costs, testing and any other pertinent items required for replacing lamps. Work shall include but not be limited to all electrical wiring and conduit, suspension/hanging structures or other necessary items for installing replacement fixtures.

2 Payment

Payment of the amount bid for Item(s) shall be full compensation for each fixture replaced as specified in the MDA Energy Audit. The unit price shall include all labor, equipment and material required to complete the work. Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to complete construction.

K Item(s) D2 - Install Digital Electrical Timer on Vending Machine in Lieu of VMOS Base Bid Items A4, B3 and/or C3

1 Measurement

Work shall include all labor, materials and equipment necessary to install timers in specified locations according to the MDA Energy Audit and in accordance with NEC standards, latest editions of the International Building, Fire, Plumbing, Mechanical and Gas Fuel Codes, or other applicable federal, state and local codes and shall include all EECBG requirements, demolition and disposal costs, testing and any other pertinent items required for replacing lamps.

2 Payment

Payment of the amount bid for Item(s) shall be full compensation for each timer installed as specified in the MDA Energy Audit. The unit price shall include all labor, equipment and material required to complete the work. Materials for which a pay item is not included and are necessary to complete the work shall be considered incidental to complete construction.

**** END OF SECTION ****

01025-6

Neel Schaffer Inc
Jackson Mississippi

P:\PROJECTS\800018-491 000 01 (Clay County Bd of Supv EECBG Project)\Specs\technical\01025 add 1.doc

The State of Mississippi } CLAY COUNTY

AFFIDAVIT OF PUBLICATION

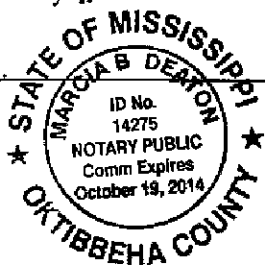
Before me in and for said county this day personally came the undersigned representative of the Daily Times Leader, a newspaper published in the City of West Point of said county and state who being duly sworn deposes and says that the publication of a certain notice a true copy of which, is hereto affixed has been made for _____ weeks consecutively to wit

Dated 8-9, 2011
 Dated _____, 20____
 Dated _____, 20____
 Dated _____, 20____
 Dated _____, 20____

Said representative further certifies that the several numbers of the newspaper containing the above mentioned notice have been produced and compared with the copy affixed, and that the publication thereof has been correctly made

WITNESS MY HAND AND SEAL OF OFFICE, this the _____ day of _____, A.D., 20____

By Maria B Deal
 Notary Public



SEAL

DAILY TIMES LEADER

By Mat
 () P
 () E

AFFIDAVIT

ADVERTISEMENT FOR BIDS CLAY COUNTY ENERGY, EFFICIENCY, AND CONSERVATION BLOCK GRANT (EECBG) PROJECT WEST POINT MISSISSIPPI

Sealed bids will be received by the Board of Supervisors of Clay County, Mississippi at the Clay County Courthouse, 200 Court Street, West Point, Mississippi, on August 22, 2011 for supplying all labor and materials (as specified) necessary for the EECBG Project.

The above general outline of features of the work does not in any way limit the responsibility of the Contractor to perform all work and furnish all labor, equipment, and materials required by the specifications and/or the drawings referred to therein.

CERTIFICATE OF RESPONSIBILITY. Each contractor submitting a bid in excess of \$50,000.00 must show on his bid and on the face of the envelope containing the bid his Certificate of Responsibility Number as required by Section 31-3-21 and 21-3-15, Mississippi Code of 1972.

The bid must be received by 10:00 A.M. on the date of opening. A notation so stating must appear on the face of the envelope.

EVIDENCE: No bid will be opened, considered or accepted unless the above information is given as specified.

Proposals shall be sealed and deposited with Clay County prior to the hour and date herein before designated. No bidder may withdraw his bid within sixty (60) days after the actual date of the opening thereof.

Awarding public contracts to non-resident bidders will be on the same basis as the non-resident bidder's state grants contracts to Mississippi Contractors bidding under similar circumstances. In order to assure that Mississippi's Golden Rule is followed, state law requires a non-resident bidder to attach to his bid, a copy of his/her resident state's current laws pertaining to such state's treatment of non-resident contractors.

A Pre-Bid Conference is scheduled for August 16, 2011 at 10:00 a.m. in the board room of the Clay County Board of Supervisors on the first floor of the Clay County Courthouse.

Each Bidder must deposit with his proposal, a Bid Bond or Certified Check in an amount equal to five percent (5%) of his bid, payable to Clay County as bid security. The successful bidder will be required to furnish a Payment Bond and Performance Bond each in the amount of one hundred percent (100%) of the contract amount.

Copies of the Instruction to Bidders, Bid Forms and Contract Specifications may be procured at the office of Neal-Scheller, Inc., 2310 Martin Luther King, Jr. Drive, P. O. Box 2100, Columbus, MS 39704, (662) 328-4488.

Box 2100, Columbus, MS 39704
 (662) 328-4488
 between the hours of 8:00 A.M. and 5:00 P.M., Local Time, Monday through Friday upon payment of \$75.00 for each set, which will not be returned. Checks are made payable to the Engineer.

Clay County hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement, disadvantaged and women's business enterprises will be afforded the full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color or national origin in consideration for an award. The Engineer is Neal-Scheller, Inc.

Contact Information:
 John Cunningham, P.E.
 P. O. Box 2100
 2310 Martin Luther King, Jr. Drive
 Columbus, Mississippi 39704
 (662) 328-4488
 Fax No. (662) 328-8562

Clay County reserves the right to reject any and all bids and to waive any informality or irregularities herein.

By: W.R.B. Davis
 President
 Clay County of Supervisors

Advertisement Dates:
 August 8, 2011

\$ 6780
 \$ 600
 \$ 7380

BID OPENING

CLAY COUNTY

ENERGY EFFICIENCY AND CONSERVATION BLOCK GRANT (EECBG) PROJECT

AUGUST 25, 2011 10 00 A M

CONTRACTOR	C R. NUMBER	BID BOND	ADD NO 1	TOTAL BASE BID
A & H Electrical and Refrigeration, LLC	16757-MC	Certified Check 5%		\$156,517.20
Excel Energy Group	17190-SC	RLI		
iSqFt				
Reed Construction Data				
The Service Company				

At \$735.00

IN THE MATTER OF PAYING THE CLAY COUNTY MISSISSIPPI CONSTABLES
ACCORDING TO SB2860 BASED UPON THEIR GROSS FEE INCOME

There came on this day for consideration the matter of paying the Clay County Mississippi Constables according to SB2860 based upon their gross fee income

It appears to this Board that the attached exhibit A reflects the gross fee income of constables Sherman Ivy and Lewis Stafford for the month of August 2011 as submitted by the Justice Court Clerk and

It appears that the attached exhibit B represents the calculations of estimated contributions due the Public Employees Retirement System for each constable and the net fee income to be paid each constable

After motion by M. McKee and second by M. Horton this Board doth vote unanimously to have the Chancery Clerk transfer \$470.80 to the payroll clearing account to be remitted to the Public Employees Retirement System on behalf of the Clay County Constable and to pay Sherman Ivy \$2216.10 and Lewis Stafford \$1593.10 as net fee income after Public Employees Retirement System deduction withheld for the month of August 2011

SO ORDERED this the 25th day of August 2011

R. B. Davis
PRESIDENT

Clay County, Ms
Calculation of Estimated Contributions/Wages For Constables
As of August 20, 2011

Calculation

	Lewis Stafford	Sherman Ivy	
Gross Fee Income *	\$1,790 00	\$2,490 00	(Input)
Minimum Withholding Rate	11%	11%	
Estimated Contributions	<u>\$196 90</u>	<u>\$273 90</u>	
Estimated Contributions	\$196 90	\$273 90	
Divided by PERS EE/ER	21 00%	21 00%	
Estimated Wages To Be Reported To PERS	<u>\$937 62</u>	<u>\$1,304 29</u>	
Estimated Wages	\$937 62	\$1,304 29	
Multiplied by PERS EE Rate	9 00%	9 00%	
Estimated PERS EE Contributions	<u>\$84 39</u>	<u>\$117 39</u>	
Estimated Wages	\$937 62	\$1,304 29	
Multiplied by PERS ER Rate	12 00%	12 00%	
Estimated PERS ER Contributions	<u>\$112 51</u>	<u>\$156 51</u>	

****Summary of Wages and Contributions to be reported to PERS For Constables ****

Estimated Wages	\$937 62	\$1,304 29	
Estimated PERS EE Contributions	\$84 39	\$117 39	201 77
Estimated PERS ER Contributions	<u>\$112 51</u>	<u>\$156 51</u>	269 03
Total Estimated Contributions	<u>\$196 90</u>	<u>\$273 90</u>	

****Funds to be Paid to Constables****

Gross Fee Income	\$1,790 00	\$2,490 00
Less Total Estimated PERS EE/ER Contril	<u>\$196 90</u>	<u>\$273 90</u>
Net Gross	<u>\$1,593 10</u>	<u>\$2,216 10</u>

Need an order to transfer to Payroll Clearing fund \$ 470 80 to remit with Retirement Contributions

* Gross Fee Income is turned in to comptroller by the Justice Court Deputy


NO _____

IN THE MATTER OF MOVING INTO EXECUTIVE SESSION AS AUTHORIZED BY
SECTION 25-41-7(4)(b) OF THE MISSISSIPPI CODE 1972

Mr Lummus moved that this Board move into executive session to discuss a matter involving potential litigation. Mr Horton seconded the motion and a unanimous vote as taken

Mr Lummus moved that the Board return to open session and Mr McKee seconded the motion. A unanimous vote was taken and the Board moved back into open session taking no action on the subject discussed in executive session

This the 25th day August, 2011



President

This Board doth hereby recess until 9 A M on August 30, 2011



President

INSTRUMENT NO _____

BOOK _____

PAGE _____ THRU PAGE _____

LEFT BLANK

INTENTIONALLY

This the ____ day of _____, 20____



Harmon A. Robinson, Chancery Clerk

BY _____ D C

PETITION FOR REDUCTION OF ASSESSMENT

Property of MT HERMAN M B CHURCH School Dist WEST POINT Road Dist 5110

STATE OF MISSISSIPPI

COUNTY OF CLAY

Now comes TERETHA RUPERT and applies for a reduction in the assessments

(Tax Assessor-Affiant-Taxpayer)

against the petitioners on the REAL Assessment Roll for the year 2010

(Real or Personal)

PER ATTACHED FORM 60-606 TOTAL _____

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF CLAY

Page	Line	Parcel	Land	Improvements	Total Value	Change
		082D415B01200 00	1598	-0-	501598	1598

Owner MT HERMAN M B CHURCH Reason for change Part of church's yard

Application is hereby made by, or on behalf of, the taxpayer named for change or reduction of assessment, and the parties signed below swear to and certify that all facts stated are true

AFFIANT _____ TAXPAYER _____

Witness my signature this the _____ day of _____, 20____

TAX ASSESSOR Teretha Rupert

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

ORDER

It appearing to the Board of Supervisors from evidence both oral and documentary, offered in support of said application that the assessment should be changed or reduced

IT IS, THEREFORE, ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 1598 00 and said changes being for the year 2010

IT IS FURTHER ORDERED, that the Clerk of this Board certify two copies of this order to the State Tax Commission. The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office, and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor, including district taxes and Homestead Exemption, if any, be adjusted

ORDERED AND ADJUDGED this the 25th day of August, 20 11

[Signature]
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I, Harmon A Robinson, Clerk of the Board of Supervisors of Clay County, State of Mississippi, do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors, passed on the day 25th of August 20 11 as the same appears on Page _____ of Minute Book 128 of said Board, now on file in the office of said Clerk in the City of West Point in said County

Witness my hand and official seal, this the 25th day of August, 20 11

[Signature]
Clerk of the Board of Supervisors of said County

PETITION FOR REDUCTION OF ASSESSMENT

PLEASE SUBMIT IN DUPLICATE

STATE OF MISSISSIPPI

COUNTY CLAY

TAX ASSESSOR TERETHA RUPERT

REAL PERSONAL 2009 ROLL
(CIRCLE ONE)

Page	Line	Owner	Parcel Number	ASSESSMENT AS ON ROLL			AMOUNT OF CHANGE	REASONS FOR CHANGE*
				- INV- - -	MISC	TOTAL		
		Polaris Industries	533000505	67176	22235	89411	22235	7
TOTAL CARRIED TO FORM 60-605								

*Reasons for change of assessment as per Title 27 35-143 Miss Code of 1972
 (1) Duplicate assessment (2) Clerical error (3) Calculation error
 (4) Erroneous assessment (5) Incorrect acreage (6) Buildings were not on the land
 (7) to remove penalty as (8)
 he did render a Rendition 2009

PETITION FOR REDUCTION OF ASSESSMENT

Property of POLARIS INDUSTRIES School Dist WEST POINT Road Dist _____

STATE OF MISSISSIPPI

COUNTY OF CLAY

Now comes TERETHA RUPERT and applies for a reduction in the assessments

(Tax Assessor-Affiant-Taxpayer)

against the petitioners on the PERSONAL Assessment Roll for the year 2010

(Real or Personal)

PER ATTACHED FORM 60-606 TOTAL _____

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF CLAY

Page	Line	Parcel	INV	MISC	Total Value	Change
		533000505	67176	22235	89411	22235

Owner SONNY JAMISON Reason for change Remove the penalty as he did

render a Rendition

Application is hereby made by, or on behalf of, the taxpayer named for change or reduction of assessment, and the parties signed below swear to and certify that all facts stated are true

AFFIANT _____ TAXPAYER _____

Witness my signature this the _____ day of _____, 20____

TAX ASSESSOR Teretha Rupert

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

ORDER

It appearing to the Board of Supervisors from evidence, both oral and documentary, offered in support of said application that the assessment should be changed or reduced

IT IS, THEREFORE, ORDERED by the Board of Supervisors of Clay

County Mississippi, that a total reduction of the assessment on said roll of \$ 22,235.00

and said changes being for the year 2010

IT IS FURTHER ORDERED, that the Clerk of this Board certify two copies of this order to the State Tax Commission. The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office, and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor, including district taxes, and Homestead Exemption, if any, be adjusted

ORDERED AND ADJUDGED this the 25th day of August, 20 11

[Signature]
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I, Harmon A. Robinson, Clerk of the Board of Supervisors of

Clay County, State of Mississippi, do hereby certify that the foregoing

is a true and correct transcript of an order of said Board of Supervisors, passed on

the day 25 of August 20 11 as the same appears on Page _____ of

Minute Book 128 of said Board, now on file in the office of said Clerk in the

City of West Point in said County

Witness my hand and official seal, this the 25th day of August 20 11

[Signature]
Clerk of the Board of Supervisors of said County

PETITION TO ALLOT EXEMPTION ON HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL

YEAR 2011

MARK THE TYPE OF ADJUSTMENT ONLY ONE TYPE OF ADJUSTMENT PER PAGE ONLY ONE MUNICIPALITY PER PAGE

ADDITION ()

DELETIONS (X)

COUNTY CLAY

SCHOOL DISTRICT WEST POINT

MUNICIPALITY _____

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
Andrews, James S	078-17-02001 00	1 00	750	4239	4989			Not owned by Applicant
Billups, Mary Garth	113-10-03400 00	3 00	1040	3665		4705		Applicant sold property
Buchanan, James H	085B-09A-02509 00	72	440	3058	3058			Not owned by Applicant
Gibson, James et al	050-28-01200 00	20 00	1310	9510		3750		Applicants deceased
Johnson, Eleazar	065-32-01700 00	1 0	550	2636		3186		Not owned by Applicant
Jordan, John Sidney	054-26-00400 00	218 00	5964	6819		7500		Applicant sold property
Lofton, Debbie Orman	065-31-00800 00	48 00	1728	11164	7500			Applicant sold property
Marble, Cordia H	003-06-01101 00	2 10	706	2245	2951			Applicant deceased
McFadden, James D	063-36-01100 00	267 00	7636	2978		7500		Applicants deceased
McIntyre, Stephen	091A-20A-02212 00	4 83	3600	33015	7500			Applicant sold property
McNeel, Sammie	052-30-00302 00	2 00	1460		1460			Applicant moved

INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

If this page is being used to "ADD" an entry to the Homestead Exemption Supplemental Roll fill out the above information as it "SHOULD" appear on the original supplemental roll

If this page is being used to "DELETE" an entry from the Homestead Exemption Supplemental Roll fill out the above information "EXACTLY" as it appears on the original supplemental roll

FOR MSTC USE ONLY

Total Net Effect
of adjustments

(Initial & date)

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S) LISTED ON THE OTHER SIDE OF THIS FORM

ORDER

This day came on for hearing and consideration by the Board of Supervisors of Clay County, Mississippi, petition of Teretha Rupert, TAX ASSESSOR for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 2011 Homestead (year) Exemption Supplemental Roll as shown in said petition

And it appearing to the Board of Supervisors from the evidence, both oral and documentary, offered in support of said adjustment(s) that the exemption(s) should be adjusted

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County, Mississippi, that the adjustment(s) on the other side of this form be adopted for the year 2011

IT IS FURTHER ORDERED, that the Clerk of this Board certify two copies of this order to the State Tax Commission, for its approval or disapproval, and if the foregoing order be approved by the State Tax Commission, the Clerk of this Board is hereby authorized and directed to change the copy of the Homestead Exemption Supplemental Roll in his office, and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession, to conform with the provisions of this order

Ordered and adjudged this the 25th day of August, 20 11 signed R. B. Davis

CLERK'S CERTIFICATE

I, Harmon A. Robinson Clerk of the Board of Supervisors of Clay County, Mississippi, do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors

Witness my hand and official seal, this the 25th day of August, 20 11
Harmon A. Robinson
Clerk of the Board of Supervisors

**PETITION TO ADJUST EXEMPTION ON
HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL**

YEAR 2011

Form 61 207 0 1 1 000 (Rev. 9/04)
Formerly 72 005

MARK THE TYPE OF ADJUSTMENT ONLY ONE TYPE OF ADJUSTMENT PER PAGE ONLY ONE MUNICIPALITY PER PAGE

ADDITION ()

DELETIONS (X)

COUNTY CLAY

SCHOOL DISTRICT WEST POINT

MUNICIPALITY _____

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
Parker, Elsie L	089-25-02700 00	3 90	958	7710		7500		Applicant moved
Pennington, Darryl	080B-11A-04201 00	1 75	1065	3893	4958			Applicant sold property
Poole, Rosetta	085B-09A-00501 00	2 07	1194	2328		3522		Applicant sold property
Reid, Vonna	078-07-01500 00	37 00	1821	729	2550			Applicant sold property
Shelton, Charlie Jr	107-34-01600 00	3 70	832	6566		7398		Applicant sold property
Stovall, Clifton	078-07-00301 00	1 0	750	4401	5151			Applicant sold property
Sykes, Monica	084C-18A-01601 00	1 0	850	5946	6796			Not in Applicant's name
Shotwell, Joann T	078-17-02502 00	1 0	750	4971	5721			Applicant sold property
Quinn, William	091B-19A-01300 00	2 60	1474	6651	7500			Applicant sold property
Roberts, Ronald Eugene	079A-10A-03200 00	5 0	1800	5296	7096			Applicant sold property
Thomas, Thomas C	053-21-00400 00	159 00	4470	892		1154		Applicant sold property

INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

If this page is being used to "ADD" an entry to the Homestead Exemption Supplemental Roll fill out the above information as it "SHOULD" appear on the original supplemental roll

If this page is being used to "DELETE" an entry from the Homestead Exemption Supplemental Roll fill out the above information "EXACTLY" as it appears on the original supplemental roll

FOR MSIC USE ONLY

Total Net Effect
of adjustments

(Initial & date)

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S) LISTED ON THE OTHER SIDE OF THIS FORM

ORDER

This day came on for hearing and consideration by the Board of Supervisors of Clay County, Mississippi, petition of Teretha Rupert, Tax Assessor for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 2011 Homestead Exemption Supplemental Roll as shown in said petition (year)

And it appearing to the Board of Supervisors from the evidence, both oral and documentary, offered in support of said adjustment(s) that the exemption(s) should be adjusted

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County, Mississippi, that the adjustment(s) on the other side of this form be adopted for the year 2011

IT IS FURTHER ORDERED, that the Clerk of this Board certify two copies of this order to the State Tax Commission, for its approval or disapproval, and if the foregoing order be approved by the State Tax Commission, the Clerk of this Board is hereby authorized and directed to change the copy of the Homestead Exemption Supplemental Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession, to conform with the provisions of this order

Ordered and adjudged this the 25th day of August, 20 11 signed R B L Davis

CLERK'S CERTIFICATE

I, Harman H. Robinson, Clerk of the Board of Supervisors of Clay County, Mississippi, do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors

Witness my hand and official seal, this the 25th day of August, 20 11
Harman H. Robinson
Clerk of the Board of Supervisors

PETITION TO ALLOW AN EXEMPTION ON

HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL

YEAR 2011

MARK THE TYPE OF ADJUSTMENT ONLY ONE TYPE OF ADJUSTMENT PER PAGE ONLY ONE MUNICIPALITY PER PAGE

ADDITION ()

DELETIONS (X)

COUNTY CLAY

SCHOOL DISTRICT WEST POINT

MUNICIPALITY _____

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
Thrash, William L	096-22-00300 00	2 52	1110	2151	3261			Applicant sold property
Tygart, Edith	113-10-01403 00	2 00	690	1644		1167		Applicant deceased
Webber, Betty Walker	113-10-05900 00	3 00	850	1769		2619		Applicant sold property
Williams, Charles T	093-27-010000 00	12 00	1814	3905		5792		Changed title to property

INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

If this page is being used to "ADD" an entry to the Homestead Exemption Supplemental Roll fill out the above information as it "SHOULD" appear on the original supplemental roll

If this page is being used to "DELETE" an entry from the Homestead Exemption Supplemental Roll fill out the above information "EXACTLY" as it appears on the original supplemental roll

FOR MSTC USE ONLY

Total Net Effect of adjustments

(Initial & date)

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S) LISTED ON THE OTHER SIDE OF THIS FORM

ORDER

This day came on for hearing and consideration by the Board of Supervisors of Clay County, Mississippi, petition of Teretha Rupert, Tax Assessor for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 2011 Homestead Exemption Supplemental Roll as shown in said petition (year)

And it appearing to the Board of Supervisors from the evidence, both oral and documentary, offered in support of said adjustment(s) that the exemption(s) should be adjusted

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County, Mississippi, that the adjustment(s) on the other side of this form be adopted for the year 2011

IT IS FURTHER ORDERED, that the Clerk of this Board certify two copies of this order to the State Tax Commission, for its approval or disapproval, and if the foregoing order be approved by the State Tax Commission, the Clerk of this Board is hereby authorized and directed to change the copy of the Homestead Exemption Supplemental Roll in his office, and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession, to conform with the provisions of this order

Ordered and adjudged this the 25th day of August, 2011 signed G. B. Davis

CLERK'S CERTIFICATE

I, Hanna A Robinson, Clerk of the Board of Supervisors of Clay County, Mississippi, do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors

Witness my hand and official seal, this the 25th day of August, 2011
Hanna A Robinson
Clerk of the Board of Supervisors

**CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 BILLUPS MARY GARTH [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>BILLUPS</u> <u>MARY</u> <u>GARTH</u> (LAST) (FIRST) (MIDDLE)	SSN <u>[REDACTED]</u>		
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____		
ADDRESS <u>5776 BENNETT ROAD</u> (STREET)	EXEMPTION CODE NO <u>2</u>		
<u>WEST POINT</u> <u>MS</u> <u>39773</u> (CITY) (STATE) (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION		
1 <u>113-10-03400 00</u>	APPLICANT SOLD PROPERTY		
2 _____	_____		
3 _____	_____		
4 _____	_____		
5 _____	_____		

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 20 11

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 JOHNSON ELEAZAR
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1	<u>JOHNSON</u>	<u>ELEAZAR</u>	SSN <u> </u>	
	(LAST)	(FIRST)	(MIDDLE)	
NAME 2	<u>JOHNSON</u>	<u>BESSIE</u>	SSN <u> </u>	
	(LAST)	(FIRST)	(MIDDLE)	
ADDRESS	<u>9698 GRIFFITH ROAD</u>			EXEMPTION CODE NO <u>2</u> 1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
	(STREET)			
	<u>CEDAR BLUFF</u>	<u>MS</u>	<u>39741</u>	
	(CITY)	(STATE)	(ZIP)	
PARCEL NUMBER(S)	IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION
1	<u>065-32-01700 00</u>			<u>NOT OWNED BY APPLICANT</u>
2	_____			_____
3	_____			_____
4	_____			_____
5	_____			_____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 2011

67
SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION
DELETION (X) CORRECTION ()

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 JORDAN JOHN SIDNEY
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>JORDAN</u> (LAST)	<u>JOHN</u> (FIRSTS)	<u>SIDNEY</u> (MIDDLE)	SSN <u> </u>
NAME 2 <u>JORDAN</u> (LAST)	<u>MARY</u> (FIRSTS)	<u>JO</u> (MIDDLE)	SSN <u> </u>
ADDRESS <u>8100 OLD VINTON ROAD</u> (STREET)			EXEMPTION CODE NO <u>2</u> 1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
<u>WEST POINT</u> (CITY)	<u>MS</u> (STATE)	<u>39773</u> (ZIP)	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION
1 <u>054-26-00400 00</u>			<u>APPLICANT SOLD PROPERTY</u>
2 _____			_____
3 _____			_____
4 _____			_____
5 _____			_____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 2011

SIGNED

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION

FOR MSTC USE ONLY

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 LOFTON DEBBIE 0 [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1	<u>LOFTON</u>	<u>DEBBIE</u>	<u>0</u>	SSN <u>[REDACTED]</u>
	(LAST)	(FIRST)	(MIDDLE)	
NAME 2	_____	_____	_____	SSN _____
	(LAST)	(FIRST)	(MIDDLE)	
ADDRESS	<u>11130 GRIFFTH ROAD</u>			EXEMPTION CODE NO <u>1</u> 1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
	(STREET)			
	<u>CEDAR BLUFF</u>	<u>MS</u>	<u>39741</u>	
	(CITY)	(STATE)	(ZIP)	
PARCEL NUMBER(S)	IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION
1	<u>065-31-00800 00</u>			<u>APPLICANT SOLD PROPERTY</u>
2	_____			_____
3	_____			_____
4	_____			_____
5	_____			_____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above, is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August, 2011

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 MCFADDEN JAMES DAVID [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>MCFADDEN</u> <u>JAMES</u> <u>DAVID</u> (LAST) (FIRST) (MIDDLE)	SSN <u>[REDACTED]</u>		
NAME 2 <u>MCFADDEN</u> <u>MARY</u> <u>BEAN</u> (LAST) (FIRST) (MIDDLE)	SSN <u>[REDACTED]</u>		
ADDRESS <u>5171 PEA RIDGE ROAD</u> (STREET)	EXEMPTION CODE NO <u>2</u>		
<u>WEST POINT</u> <u>MS</u> <u>39773</u> (CITY) (STATE) (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW 1 <u>063-36-01100 00</u> 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>APPLICANT DECEASED</u> _____ _____ _____ _____		

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above, is needed to fully comply with Section 27-33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 20 11

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 MCINTYRE STEPHEN
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>MCINTYRE</u> <u>STEPHEN</u> (LAST) (FIRST) (MIDDLE)	SSN <u> </u>	
NAME 2 <u>MCINTYRE</u> <u>JENNIFER</u> (LAST) (FIRST) (MIDDLE)	SSN <u> </u>	
ADDRESS <u>2515 WISTERIA PLACE</u> (STREET)	EXEMPTION CODE NO <u>1</u>	
<u>WEST POINT</u> <u>MS</u> <u>39773</u> (CITY) (STATE) (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION	
1 <u>091A-20A-02212 00</u>	APPLICANT SOLD PROPERTY	
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above, is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 2011

SIGNED

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION
DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 MCNEEL SAMMIE [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>		
NAME 1 <u>MCNEEL SAMMIE</u> (LAST) (FIRST) (MIDDLE)			SSN <u>[REDACTED]</u>		
NAME 2 _____ (LAST) (FIRST) (MIDDLE)			SSN _____		
ADDRESS <u>@&&% OLD VINTON ROAD</u> (STREET)			EXEMPTION CODE NO <u>1</u>		
<u>WEST POINT</u> <u>MS</u> <u>39773</u> (CITY) (STATE) (ZIP)			1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION		
1 <u>052-30-00302 00</u>			<u>APPLICANT MOVED</u>		
2 _____			_____		
3 _____			_____		
4 _____			_____		
5 _____			_____		

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 2011

173

[Handwritten Signature]

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 PARKER ELSIE L [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1	<u>PARKER</u>	<u>ELSIE</u>	<u>L</u>	SSN <u>[REDACTED]</u>
	(LAST)	(FIRST)	(MIDDLE)	
NAME 2	_____	_____	_____	SSN _____
	(LAST)	(FIRST)	(MIDDLE)	
ADDRESS	<u>8977 DECKER ROAD</u>			EXEMPTION CODE NO <u>2</u>
	(STREET)			
	<u>WEST POINT</u>	<u>MS</u>	<u>39773</u>	1 Regular 4 Dr Cert
	(CITY)	(STATE)	(ZIP)	2 Over 65 5 DAV
PARCEL NUMBER(S)	IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION
1	<u>089-25-02700 00</u>			<u>APPLICANT MOVED</u>
2	_____			_____
3	_____			_____
4	_____			_____
5	_____			_____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County, I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August, 20 11

[Signature]

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION
DELETION () CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 PENNINGTON DARRYL
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>PENNINGTON</u> <u>DARRYL</u> (LAST) (FIRSTS) (MIDDLE)			SSN <u> </u>	
NAME 2 _____ (LAST) (FIRSTS) (MIDDLE)			SSN _____	
ADDRESS <u>503 MHOON VALLEY LOOP</u> (STREET)			EXEMPTION CODE NO <u>1</u>	
WEST POINT MS 39773 (CITY) (STATE) (ZIP)			1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW 1 <u>080B-11A-04201 00</u> 2 _____ 3 _____ 4 _____ 5 _____			REASON FOR CORRECTION/DELETION <u>APPLICANT SOLD PROPERTY</u> _____ _____ _____	

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 2011

75

Hama K. Roberts

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION
DELETION () CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 POOLE ROSETTA [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>		
NAME 1 <u>POOLE</u> <u>ROSETTA</u> (LAST) (FIRST) (MIDDLE)		SSN <u>[REDACTED]</u>			
NAME 2 _____ (LAST) (FIRST) (MIDDLE)		SSN _____			
ADDRESS <u>4748 HWY 50 E</u> (STREET)			EXEMPTION CODE NO <u>2</u>		
<u>WEST POINT</u> (CITY)		<u>MS</u> (STATE)	<u>39773</u> (ZIP)		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION		
1 <u>085B-09A-00501 00</u>			APPLICANT SOLD PROPERTY		
2 _____			_____		
3 _____			_____		
4 _____			_____		
5 _____			_____		

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above, is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 20 11

76

[Handwritten Signature]

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 REID VONNA [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>REID</u> <u>VONNA</u> (LAST) (FIRST) (MIDDLE)	SSN <u>[REDACTED]</u>	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____	
ADDRESS <u>10853 JOE MYERS ROAD</u> (STREET)	EXEMPTION CODE NO <u>1</u>	
<u>CEDAR BLUFF</u> <u>MS</u> <u>39741</u> (CITY) (STATE) (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION	
1 <u>078-07-01500 00</u>	APPLICANT SOLD PROPERTY	
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August, 2011

77

[Handwritten Signature]

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 SHELTON JR CHARLIE 425-68-9670
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>SHELTON JR</u> <u>CHARLIE</u> (LAST) (FIRST) (MIDDLE)	SSN <u>[REDACTED]</u>	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____	
ADDRESS <u>4300 CHARLIE SHELTON ROAD</u> (STREET)	EXEMPTION CODE NO <u>2</u>	
<u>WEST POINT</u> <u>MS</u> <u>39773</u> (CITY) (STATE) (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION	
1 <u>107-34-01600 00</u>	APPLICANT SOLD PROPERTY	
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County, I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above, is needed to fully comply with Section 27-33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction.

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 2011

13

[Handwritten Signature]

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 STOVALL CLIFTON [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>STOVALL</u> <u>CLIFTON</u> (LAST) (FIRST) (MIDDLE)	SSN <u>[REDACTED]</u>	
NAME 2 <u>STOVALL</u> <u>TONIA</u> (LAST) (FIRST) (MIDDLE)	SSN <u>[REDACTED]</u>	
ADDRESS <u>3759 HWY 46</u> (STREET)	EXEMPTION CODE NO <u>1</u>	
<u>CEDAR BLUFF</u> <u>MS</u> <u>39741</u> (CITY) (STATE) (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION	
1 <u>078-07-00301 00</u>	<u>APPLICANT SOLD PROPERTY</u>	
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 2011

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[Handwritten Signature]

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 SHOTWELL JOANN TAYLOR [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>SHOTWELL</u> <u>JOANN</u> <u>TAYLOR</u> (LAST) (FIRST) (MIDDLE)	SSN <u>[REDACTED]</u>		EXEMPTION CODE NO <u>1</u> 1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____		
ADDRESS <u>11411 HWY 50 W</u> (STREET) <u>CEDAR BLUFF</u> <u>MS</u> <u>39741</u> (CITY) (STATE) (ZIP)			REASON FOR CORRECTION/DELETION <u>APPLICANT SOLD PROPERTY</u> _____ _____ _____ _____
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			
1 <u>078-17-02502 00</u>			
2 _____			
3 _____			
4 _____			
5 _____			

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 2011

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[Handwritten Signature]

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION
DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 QUINN WILLIAM
(last name) (first name) (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>QUINN</u> <u>WILLIAM</u> (LAST) (FIRST) (MIDDLE)	SSN		
NAME 2 <u>QUINN</u> <u>TONYA</u> <u>THOMPSON</u> (LAST) (FIRST) (MIDDLE)	SSN		
ADDRESS <u>1443 H S VEST ROAD</u> (STREET)			EXEMPTION CODE NO <u>1</u>
<u>WEST POINT</u> <u>MS</u> <u>39773</u> (CITY) (STATE) (ZIP)			1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION
1 <u>091B-19A-01300 00</u>			<u>APPLICANT SOLD PROPERTY</u>
2 _____			_____
3 _____			_____
4 _____			_____
5 _____			_____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 20 11

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[Handwritten Signature]

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION
DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 ROBERTS RONALD EUGENE
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>ROBERTS</u> (LAST)	<u>RONALD</u> (FIRST)	<u>EUGENE</u> (MIDDLE)	SSN <u> </u>
NAME 2 <u>ROBERTS</u> (LAST)	<u>HAZEL</u> (FIRST)	<u>SELLER</u> (MIDDLE)	SSN <u> </u>
ADDRESS <u>8064 HWY 50 W</u> (STREET)			EXEMPTION CODE NO <u>1</u>
<u>WEST POINT</u> (CITY)	<u>MS</u> (STATE)	<u>39773</u> (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION
1	<u>079A-10A-03200 00</u>		<u>APPLICANT SOLD PROPERTY</u>
2	_____		_____
3	_____		_____
4	_____		_____
5	_____		_____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county, I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 2011

Hanna L. Robison

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SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION
DELETION (X) CORRECTION ()

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 THOMAS THOMAS C [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>THOMAS</u> (LAST)	<u>THOMAS</u> (FIRST)	<u>C</u> (MIDDLE)	SSN <u>[REDACTED]</u>
NAME 2 _____ (LAST)	_____ (FIRST)	_____ (MIDDLE)	SSN _____
ADDRESS <u>5988 OLD VINTON ROAD</u> (STREET)			EXEMPTION CODE NO <u>2</u>
<u>WEST POINT</u> (CITY)	<u>MS</u> (STATE)	<u>39773</u> (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION
1	<u>053-21-00400 00</u>		<u>APPLICANT SOLD PROPERTY</u>
2	_____		_____
3	_____		_____
4	_____		_____
5	_____		_____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 20 11

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SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION**

DELETION (X) CORRECTION ()

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 THRASH WILLIAM L [REDACTED]

(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____	SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>THRASH</u> <u>WILLIAM</u> <u>L</u> <small>(LAST) (FIRSTS) (MIDDLE)</small>	SSN [REDACTED]
NAME 2 <u>THRASH</u> <u>BRENDA</u> <u>K</u> <small>(LAST) (FIRSTS) (MIDDLE)</small>	SSN [REDACTED]
ADDRESS <u>3018 MHOON VALLEY ROAD</u> <small>(STREET)</small>	EXEMPTION CODE NO <u>1</u>
<u>WEST POINT</u> <u>MS</u> <u>39773</u> <small>(CITY) (STATE) (ZIP)</small>	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW 1 <u>096-22-00300 00</u> 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>APPLICANT SOLD PROPERTY</u> _____ _____ _____ _____ _____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county, I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August, 2011

85

[Handwritten Signature]

SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION
DELETION (X) CORRECTION ()

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 TYGART EDITH
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>TYGART</u> <u>EDITH</u> (LAST) (FIRST) (MIDDLE)	SSN <u> </u>	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____	
ADDRESS <u>6327 COMMUNITY CENTER ROAD</u> (STREET)	EXEMPTION CODE NO <u>2</u>	
<u>WEST POINT</u> <u>MS</u> <u>39773</u> (CITY) (STATE) (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION	
1 <u>113-10-01403 00</u>	<u>APPLICANT DECEASED</u>	
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county, I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 2011

[Handwritten Signature]
SIGNED _____

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION**

DELETION (X) CORRECTION ()

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 WEBBER BETTY WALKER [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>WEBBER</u> (LAST)	<u>BETTY</u> (FIRSTS)	<u>WALKER</u> (MIDDLE)	SSN <u>[REDACTED]</u>	
NAME 2 _____ (LAST)	_____ (FIRSTS)	_____ (MIDDLE)	SSN _____	
ADDRESS <u>3791 RENDERING PLANT ROAD</u> (STREET)			EXEMPTION CODE NO <u>2</u>	
<u>WEST POINT</u> (CITY)	<u>MS</u> (STATE)	<u>39773</u> (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION	
1 <u>113-10-05900 00</u>			<u>APPLICANT SOLD PROPERTY</u>	
2 _____			_____	
3 _____			_____	
4 _____			_____	
5 _____			_____	

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 25 day of August 20 11

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SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

CORRECTION/DELETION
of the
HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 WILLIAMS CHARLES T [REDACTED]
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>WILLIAMS</u> <u>CHARLES</u> <u>T</u> (LAST) (FIRST) (MIDDLE)	SSN <u>[REDACTED]</u>		EXEMPTION CODE NO <u>2</u> 1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____		
ADDRESS <u>3342 HWY 45 SOUTH</u> (STREET)			REASON FOR CORRECTION/DELETION <u>CHANGED TITLE TO PROPERTY</u>
<u>WEST POINT</u> <u>MS</u> <u>39773</u> (CITY) (STATE) (ZIP)			
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			
1 <u>093-27-01000 00</u>			
2 _____			
3 _____			
4 _____			
5 _____			

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED _____

(FOR A DELETION)

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Witness my signature and official seal This the 25 day of August 2011

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SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	