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

—_CL	ay for the fiscal year of 2010 for authority to expend
ne (1)	mill according to Section 27-39-329(b), Miss Code Ann, as amended
Lren	date for property rolls <u>January 1, 2011</u> date
Met	hod 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
В	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)
Met	thod of maintaining the real property appraisals
A	A contract was let withsanders & 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
В	A plan to maintain the appraisal in-house has been devised in accordance
	Lien Met A

EXhibitA

		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	Mair	ntenance of business personal property
	Α	A contract was let with <u>Sanders & Associates</u> 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
		guidelines The following named county employees have the knowledge and expertise to keep the personal property roll up-to-date
V	Cert	ified appraiser according to Miss Code Ann , 27-3-52
	Α	"Counties having not more than five thousand (5,000) applicants for
		homestead exemption shall have at least one (1) certified appraiser "
	В	"Counties having more than five thousand (5,000) applicants for
		homestead exemption shall have at least two (2) certified appraisers "
	Gıv	e the number of homestead applicants for this year 4883
	Α	(1) Certified Appraiser required
	В	(2) Certified Appraisers required
	 ,	Teretha Rupert
<u>-</u>		

Roll year 1998, or year set by Department of Revenue served as the

С

STATE OF MISSISSIPPI

COUNTY OFClay
R B. Davis , being first duly sworn deposes, and says, that he is the
President of theClay County Board of Supervisors and that the Board of
Supervisors ofCounty shall adopt the property values reflected by the
appraisal completed as of the lien date in conformity with Miss Code Ann 27-35-
So(2)(5) Sent a Rupert Assessor President of Board
Sworn and subscribed before me this
(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,
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 25±16ay of August
20 <u>11</u> 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 individuals 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

RB Laxin 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	
IΑ	Covered Injury Death Benefit	\$50,000
1 B	Covered Illness Death Benefit	\$50 000
1 C	HIV Positive Benefit – Optional	\$50 000
I D	Bereavement Benefit	\$5 000
ΙE	Dependent Child Benefit - (each child)	\$10 000
ΙF	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 ı Mınımum Weekly Total Dısabılıty 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

Form 211-MS

Section V	Family Assistance	
V A	Weekly Hospital Confinement Benefit	\$ 35
VВ	Critical Care Benefit	\$ 70
VC	Family Expense Benefit	\$5,000
V D	Rehabilitation Benefit	\$2 500
VE	Mental Stress Management Benefit	\$5,000
٧F	Traumatic Incident Benefit	\$2 500
VG	Health Insurance Premium Benefit	\$12,000
_ ∍ctıon VI	Optional Auxiliary Person and/or Community Volunte	eer 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
[X] [X] [] [] []	•	n Section VI
Section VII	Organized League Athletics Benefits	
VILA	Covered Injury – Death Dismemberment Loss of Speech or Hearing	
VIIA	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
· D	Organized League Auticules Medical Expense Deficit	Not Covered
	If "Primary" we will pay covered medical expenses incurred by an Ir on a primary basis without regard to benefits that may be paid or pay other Valid and Collectible Insurance	nsured Person rable under any
X	If 'Excess we will not pay covered medical expenses incurred Person that are paid or payable under any Other Valid and Collectincluding Workers Compensation	

110

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	
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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

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

E DOSEAN

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 i) the address changes are reported and documented, and ii) 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 Cityof 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 // W

Floyd McKee, President of the Board of Supervisors Clay County

THE BOARD OF SELECTMEN, THE CITY OF WEST POINT

H Scott Ross, Mayor of the City of West Point

Attest

Harmon A Robinson, Chancery Clerk

SEAL SEAL SE

Attest

Lela Jack, City Clerk

(SEAL)

GOLDEN TRIANGLE PLANNING AND DEVELOPMENT DISTRICT, INC

y____

Rupert L Bady Johnson

Executive Director

Attest

Page 4 of 4

NO	
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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

8 Darri

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, 2011

President

J E VANCE & COMPANY, PA

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.

1

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, James & Vance

J E Vance & Company, P A

James E Vance, CPA

President

RESPONSE

This letter correctly sets for the understanding of Clay County

/1

Board of Supervisors

Clerk, Board of Supervisors

Harry J. Strohm III 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 CPA's

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

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American Iris ייטוב מל CPAs Private Companies Practice Section
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INTENTIONALLY

This the day of	, 20	
	Harmon A Robinson, Chancery Clerk	
	RY) 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.

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 valves 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#	1	Old Value	1	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 Personal
Price, Roger	(see attachment)				_ • • • • •
Jones, Enron C Jr	092A224B 0190000	\$	318,138	\$	318,138 30,125.00
Kohart Real Estate Company LTD	092B 23A 0070000	\$	1,792,150	\$	1,792,150 800,000

EXHIBITA

Roger Price Properties

Address	Parcel#	# Old			ew 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
		\$	672,030	\$	560,320



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CERTIFICATE OF BOARD OF SUPERVISORS

Department of Revenue of the State of Miss	
+ _	ss Code Ann we the undersigned constituting the Board of Supervisors County State of Mississippi do hereby certify that we have
carefully compared the recapitulations appearing on the rev of January 20 11 that said recapitulations contain to used by said Board at its	verse side hereof with the assessment rolls of real and personal property as of the correct and complete statements of the final total of said roll as finally fix 20 11 meeting that said recapitulations are in all things true a
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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

planners
sirveyors
environmental
scientists

landscape architects

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
 - 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 requirest certain items remain for storage during construction. Price for delivery and/or disposal shall be included in each bid item corresponding to new installations.
 - 11 Time of Completion shall be 60 consecutive calendar days
- 111 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 * * *

OF MISSISSIMILATION

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

Page 1 of 1

Addendum No 1

P \PROJECTS\8000\8491 000 01 (Clay County Bd of Supv EECBG Project)\addendum #1 doc

PO Box 2100/39794-2100 2310 Martin Luther King, Jr Drive/39705, Columbus MS 662 328 4460 Fax 662 328 8552

PRE-BID MEETING

CLAY COUNTY

ENERGY EFFICIENCY AND CONSERVATION BLOCK GRANT (EECBG) PROJECT

AUGUST 16, 2011, 10.00 A.M.

ATTENDĒES

	Name	Company	Telephone #	Fax#
1	John Countyban	Mad-schaffer	(do23284460	328.8552
1	BB Om	Clay Comby	295-1874	
3	Harmon Ackelina	Charan Class	494-3124	
4	Floyd Mike	Clay counts	295-2926	
5	Dhellot ans	class co	295 6/18	
6	Loke Lann	Clay Co	295-703	7
7	Smilt	Clay Co	295-2323	
8	Clay Same To	The Service Company	61-482-8529	60/-48) 5668
9	Harold Hollingsworth	11 11 11	F1 111	1 1 1
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Neel-Schaffer Inc.

Pre Bid Meeting Sign In

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Page 2 of 2

Neel-Schaffer Inc.

Pre Bid Meeting Sign In

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		

Page 1 of 1

Neel Schaffer Inc Jackson, Mississippi

Pro-Bad Agenda

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, PE

3 Instructions to Bidders

- a Form of Proposals Proposals must be submitted on the forms furnished
- b <u>Certificate of Responsibility</u> Certificate of Responsibility Number must be on the outside of the sealed envelope containing the bid if the bid is over \$50,000
- c <u>Omissions and Discrepancies</u> Bidders should immediately notify the ENGINEER in writing should they find any omissions or discrepancies
- d <u>Addenda</u> Addenda will be issued as necessary and must be acknowledged. If necessary, the bid opening date will be postponed
- e <u>Interpretations</u> 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

Page 1 of 3

Neel Schaffer Inc

Pre Bid Notes

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 <u>Insurance</u> 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 <u>Conditions of Work</u>: 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 <u>Subcontractors</u> 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
- 1 <u>Method of Award</u> The OWNER will award the Contract to the lowest responsive, responsible bidder unless all Bids are rejected
- <u>Warranty</u> 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 <u>Bid Form</u> Consist of the following
 - Parts A, B, C and Alternate D— for unit price and lump sum bid items
- b <u>Acknowledgement of Addenda</u> All addenda must be acknowledged on the bid form
- c <u>Forms</u> 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
- 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
- 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
 - 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)

Page 2 of 3

Neel Schaffer Inc

Pre Bid Notes

- 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

Page 3 of 3

Neel-Schaffer Inc

Pre-Bld Notes

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

С	5	Relamp Fixture w/ 13W CFL (Sciew In Type)	6	EA			
			TOTAL	BASE BID			
ALT	ERNA'	TE BID ITEMS - SHALL BE 1 IN LIEU OF BASE BID ITEMS OR 2 AS	ADDITIVE I	TEMS 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

101 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
- 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

Neel-Schaffer Inc Jackson, Mississippi

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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

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

- 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

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,

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

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The State of Mississippi CLAY COUNTY

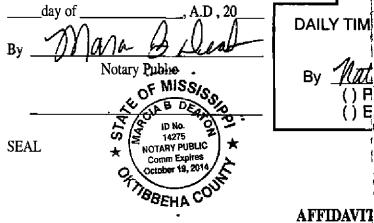
AFFIDAVIT OF PUBLICATION

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 deposeth 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	, 20 <u>[1</u>
Dated —		
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



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	AL
A & H Electrical and Refrigeration, LLC	16759-MC	Certifial Chack 5	2	\$156,517 20	735
Excel Energy Group	17190-SC				
ıSqFt					_
Reed Construction Data					_
The Service Company					

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 plud each constable

After motion by MMCcc and second by M-Absolution 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 226.10 and Lewis Stafford 4559310 as net fee income after Public Employees Retirement System deduction withheld for the month of August 2011

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	\$196 90	\$273 90
Estimated Contributions	\$196 90	\$273 90
Divided by PERS EE/ER	21 00%	21 00%
•		
Estimated Wages To Be Reported To PERS	\$937.62	\$1,304 29
Estimated Wages	\$937 62	\$1,304 29
Multiplied by PERS EE Rate	9 00%	9 00%
Estimated PERS EE Contributions	\$84 39	\$117 39
Estimated Wages	\$937 62	\$1,304 29
Mulitiplied by PERS ER Rate	12 00%	12 00%
Estimated PERS ER Contributions	\$ 112 51	\$156 51
**Summary of Wages and Contributions	s to be reported to	PERS For Constables **
Estimated Wages	\$937 62	\$1,304 29

Funds	to be	Dord	to Con	stables
~"HUNAS	TA DE	1 3111	TA L AN	eta Dipe

\$84 39

\$112 51

\$196 90

201 77

269 03

\$117 39

<u>\$156 51</u>

\$273 90

Gross Fee Income	\$1,790 00	\$2,490 00
Less Total Estimated PERS EE/ER Contril_	\$196 90	\$2 <u>73</u> 90
Net Gross	\$1,593 10	\$2,216 10

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

Estimated PERS EE Contributions

Estimated PERS ER Contributions

Total Estimated 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

INSTRUME	NT NO
BOOK	
A CIT	TUDITDACE

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INTENTIONALLY

This the	$_$ day of $_$, 2	20	
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		Maina	- Apolin	w
	•	Harmon A Robin	son, Chancery Cler	k
		RV		DС

STATE OF MISSISSIPPI

PETITION FOR REDUCTION OF ASSESSMENT

PLEASE SUBMIT IN DUPLICATE

Page Line Owner Parcel Number OF		AY	COUNTY CI		TAX ASSESSOR TERETHA RUPERT				
Page Line Owner Parcel Number IMPROVEMENTS LAND TOTAL CHANGE (MT HERMAN MISSIONARY BAPTIST CHURCH 082D41B01200 00 -0- 1598 1598 1598 TOTAL OF CHANGE (TOT	AL 2009 ROLL		(I						
MT HERMAN MISSIONARY BAPTIST CHURCH 082D41B01200 00 -0- 1598 1598 1598		ENT AS ON RO	ASSESSI			_			
	TOTAL OF CHANGE CHA	LAND	IMPROVEMENTS	Parcel Number	Owner	Line	Page		
	1598 1598	1598	-0-	82D41B01200 00	MT HERMAN MISSIONARY BAPTIST CHURCH				
									
			<u> </u>						
	l l		<u> </u>						
		-	 						
			 						
					······································				
				<u> </u>					
TOTAL CARRIED TO FORM 60-605				TAL CARRIED TO FORM 60-605	<u> </u>				

*Reasons for change of assessment as per Title 27 35-143 Miss Code of 1972

Item number from made shown in parentheses.

(1) Duplicate assessment (2) Clerical error (3) Calculation error

(4) Exampleous assessment (5) Incorrect acreage (6) Building were not on the land

(7) EXCHIPT PROPERTY (6)

PETITION FOR REDUCTION OF ASSESSMENT

Property (of MT H	ERMAN M B CHURCH	Schoo	ol Dist WEST POINT	Road Dist _	110
STATE OF			_ 			
COUNTY O						
		RETHA RUPERT (Tax Assessor-Affiant-Taxpayer)		nd applies for a re	eduction in the as	sessments
agaınst	the pe	etitioners on the		Assessment l	Roll for the year	2010
PER ATTA	CHED FO	ORM 60-606 TO			·	
			AFFIDAVIT			
STATE OF			2011011111	201. 0102.00		
COUNTY O	FCI	<u>.AY</u>				
Page	Line	Parcel	Land	Improvements	Total Value	Change
		082D415B01200 00	1598	-0-	501598	1598
M	T UEDM	AN M B CHITPCH			art of church's va	<u> </u>
Owner		AN M B CHURCH				
reduction stated	on of a	cation is hereby mad assessment, and the pue	e by, or or parties sig	n behalf of, the ta ned below swear to	axpayer named for o	change or all fact:
AFFIANT_						 -
	_	nature this the	_day of			
TAX ASSE	SSOR	Vietha	Kieped			
		OR	DER OF BOARD	O OF SUPERVISORS		
		ISSIPPI				
COUNTY	OF	Clay		-		
				RDER		
ın suppo	It ap	pearing to the Board of said application that the	Supervisors ne assessmen	s from evidence both t should be changed	n oral and documenta: or reduced	ry, offere
	IT IS	, THEREFORE, ORDERED by	the Board o	of Suppervisors of _	Clay_	
County	Mississ	, THEREFORE, ORDERED by	oction of th	e assessment on said	roll of \$ 15 98	00
		es being for the year 2				_
Original and dire and the	e Tax C Assess cted to Tax Col	FURTHER ORDERED, that Commission The Clerk of the Commission of the Commission of the copy in his clector be given the promy, be adjusted	of this Boar e, and the T s possession	<pre>d is hereby authoriz ax Collector of this to conform with the</pre>	ed and directed to c County is hereby au provisions of this	hange the thorized oreder
		ORDEREED AND ADJUDGED t	this the 2:	day of Am	<u>ust</u> , 2	20 <u>U</u>
				(President o	of Board of Superviso	orsi
			CLERK'S	CERTIFICATE		
т	Hu	mon A Robinson		Clark of the	Postd of Curatura	- -
Llag		County, State o	of Mississi	ppı, do hereby cer	tify that the fore	going
		correct transcript of				
the day	255	S August	20[as the same a	ppears on Page	of
Minute	Book	28of said Bo	oard, now o	n file in the offi		
<u>Ci</u>	42	of West Po	5 N	in said County		
Wit	hness	my hand and official	seal, this	the 25 th day o	£ Augus), 20 1	<u></u>
			Ma	ma-l.	when-	
		5 1	Clerk o	of the Board of Super	visors of said Count	у
		*# E				

PETITION FOR REDUCTION OF ASSESSMENT

PLEASE SUBMIT IN DUPLICATE

	SESSOR	TERETHA RUPERT	COUNTY	REAL PERSONAL 2009 ROLL				
				ASSES	SMENT AS ON	ROLL		REASONS
Page	Line	Owner	Parcel Number	- FMA	MISC	TOTAL	OF CHANGE	FOR CHANGE
		Polaris Industries	533000505	67176	22235	89411	22235	7
	_						ن	
			_					
					-			
			TOTAL CARRIED TO FORM 60-605					
*Reasons for of tem_number for (1) Duplicate (4) Erroneous (7) TO FEE	change of asse- rom code abnum assessment (2 assessment (5 OVE DENA	sement as per Title 27 35-143 Miss Code of 1972 in parenthemes. Clarical error (3) Calculation error Incorrect screage (6) Buildins were not on the land Lty as (8)						

he did render a Renditio

PETITION FOR REDUCTION OF ASSESSMENT

Property o	of POL	ARIS INDUSTRIES	School	Dist_WEST POINT	Road Dist _	
STATE OF						
COUNTY O	CLA	<u>Y</u>				
Now come	s <u>TE</u>	RETHA_RUPERT	and	applies for a rec	duction in the ass	sessments
against	the pe	(Tax Assessor-Affiant-Taxpa) etitioners on the		Assessment Ro	oll for the year	2010_
		<u> </u>	(Real or Personal)			
PER ATTA	CHED FO	RM 60-606	TOTAL			
0#3## OT	VC-0070	CIRRI	AFFIDAVIT FO	R CHANGE		
STATE OF	-	Y				
					matal Wales	Change
Page	Line	Parcel 533000505	67176	MISC 22235	Total Value 89411	22235
		333000303	6/1/0			22233
				Pow	owe the negative as	 s he did
OwnerS		AMI SON		Ten	aer a kenuitio u	
	on of a	cation is hereby massessment, and the	ade by, or on : parties signe	behalf of, the tax ed below swear to a	xpayer named for c and certify that a	hange or all facts
stated a	are tru	1 e				
Affiant_				AXPAYER		
Witness	wh sign	ature this the	day of		. 20	
TAX ASSE	SSOR	leutha -	Kupent	<u>-</u>		·
			ORDER OF BOARD			
STATE C	F MISS	ISSIPPI				
COUNTY	OF	clay				
		7	ORDI	ER		
		pearing to the Board				ry, offere
		aid application that		-		
	IT IS	, THEREFORE, ORDERED	by the Board of	Suppervisors of	Clay	6
				assessment on said	roll of \$ 22,23	F.00
and said		s being for the year			7	
the State	е Таж С	FURTHER ORDERED, the commission The Cleri	k of this Board	is hereby authorized	and directed to cl	hange the
and dire	cted to	ment Roll in his off; change the copy in h	his possession t	o conform with the a	provisions of this	oreder
Exemption	Tax Col n, if a	lector be given the pay, be adjusted	proper credit th	erefor, including di	istrict taxes, and l	Homestead
			,	ath a		_
		ORDEREED AND ADJUDGE	D this the	As day of A	ugust , 2	.0 1
				ABO	12 -	·
				(President of	Board of Superviso	rs)
		 _				
	,			ERTIFICATE		
I	_Ha	IMON A. Rob	inso N	_, Clerk of the Be	oard of Superviso	rs of
Lla		County, State	e of Mississipp	ol, do hereby cert	ify that the fore	going
		correct transcript				
the day	2	5 of Aggus	<u>+ 20 11</u>	as the same ap	pears on Page	of
Minute	Book	128 of said	Board, now on	file in the offic	e of sald Clerk 1	n the
		of west				
		my hand and official			August 20	lı
			1/	11110 //		 -
			Clerk of	the Board of Superv	isors of said Count	<u></u>

PETITION TO AL. ... I EXEMPTION ON

SCHOOL DISTRICT

WEST POINT

HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL

YEAR	2011

MUNICIPALITY

Form (1.90) 02 1 1 000 (Rev 9/04)
Formerly 72 005

COUNTY

CLAY

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

ADDITION () DELE	TIONS	(X)
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OUNTYGLAT			SCHOO	L DISTRIC		<u> </u>		
NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNIC IPAL \$ 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 supplement roll

]	Total Net Effect of adjustments
	(Initial & date)

ORDER OF THE BOARD OF SUPERVISORS

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 County, Mississippi, petition of Tevetha Rupert, Tax Assessor for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 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 County, Mississippi, that the adjustment(s) on the other side of this form be adopted for the year
ORDER This day came on for hearing and consideration by the Board of Supervisors of Clay County, Mississippi, petition of Tevetha Rupert, Tax Assessor for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 201/(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 County, Mississippi, that the
This day came on for hearing and consideration by the Board of Supervisors of Clay County, Mississippi, petition of Tevetha 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
Supervisors of Clay County, Mississippi, petition of Tereffia Rupert, TAX Assessor for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 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
for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said
for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said
for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said
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
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
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
Clay County, Mississippi, that the
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 25 day of
CLERK'S CERTIFICATE
I, Harmon A-Robinson, Clerk of the Board of Supervisors of County, Mississippi, do
Supervisors of 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 day of
August, 20 M

PETITION TO ADJUST EXEMPTION ON

Torm 61 207 0 1 1 000 (Rc 9/04) Tormerly 77 005

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	RFASON 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		1	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		1	Applicant sold property
Roberts, Ronald Eugene	079A-10A-03200 00	4 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 supplement roll

FOR MS1C USE ONLY
Total Net Effect
of adjustments
- -
(Initial & date)

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI							
COUNTY OF							
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							
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							
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							
agned Bayof August, 20 1/							
signed of black town							
CLERK'S CERTIFICATE							
I, Harney & Robmson , Clerk of the Board of Supervisors of County, Mississippi, do							
Supervisors of 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 25 - day of							
Marino III.							
Clerk of the Board of Supervisors							

PETITION TO ALUL I EXEMPTION ON

Form 61 902 07 1 1 000 (Rev 9/04 Form 1ly 72 005

HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL

YEAR 2011

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

ADDITION ()	DELETIONS (A)		
COUNTY CLAY		SCHOOL DISTRICT WEST POINT	MUNICIPALITY

NAME PARCEL NUMBER		NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	VALUE	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
							<u> </u>	
				<u></u>				
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	**							-
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			_					

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

FO	Total Net Effect of adjustments
	(Initial & date)

ORDER OF THE BOARD OF SUPERVISORS

STATE OF	MISSISSIPPI			
COUNTY	OF	Clay		
		HOMESTEAD EXEM IDE OF THIS FORM	PTION GRAN	TED TO THE TAXPAYER(S)
			ORDER	
	•	came on for hearing and		•
	Supervisors of _	Clay Teretha Ruper	C	County, Mississippi,
	petition of	Teretha Ruper	f Tax As	56550
	for adjustment(s)	in the homestead exem	ption(s) previo	ously granted to
	said taxpayer(s)	on the page and line on	said 20 ((Homestead
	Exemption Supp	lemental Roll as shown		ı
	both oral and doc	pearing to the Board of cumentary, offered in su on(s) should be adjusted	pport of said a	
		EREFORE ORDERED		
	Clay		County	, Mississippi, that the
		the other side of this fo		
	2011_			
	copies of this ord disapproval, and Commission, the to change the cop office, and the Ta	RTHER ORDERED, the let to the State Tax Con if the foregoing order be Clerk of this Board is how of the Homestead Exax Collector of this Coule the copy in his possess order	nmission, for its e approved by acreby authoriz emption Supple nty is hereby a	s approval or the State Tax ed and directed emental Roll in his uthorized and
	Ordered a	and adjudged this the		
	254	lay of Amust		, 20 <u></u> /
	signed H. C	B. Wans		
		CLERK'S	CERTIFICAT	E
I	, Harmon	A Robinson	, Clerk of	the Board of
Supervis	sors of	lan	County	, Mississippi, do
hereby c	ertify that the fore	egoing is a true and corr	ect transcript o	f
	of said Board of	•	. L .[
V	Vitness my hand a	and official seal, this the	2559_	_ day of
	August	, 20) <u>[[</u>	
	Manuel	rk of the Board of Supe	rvisors	

Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003

CORRECTION/DELETION of the

HOMESTEAD EXEMPTION APPLICATION CORRECTION DELETION (X) ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION CLAY COUNTY ACCT NO 2011 YEAR_ S NAME 1_^{ANDREWS} **JAMES** (middle name) (social security no) (first name) FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED. FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION. SCHOOL WEST POINT MUNICIPALITY S **JAMES** SSN **ANDREWS** NAME 1 MIDDLE (FIRTS) (LAST) NAME 2 ANDREWS CARRIE (FIRTS) (MIDDLE) (LAST) EXEMPTION CODE NO ADDRESS 204 TRIBBLE ROAD 4 Dr Cert 1 Regular (STREET) 2 Over 65 5 DAV 39741 MS CEDAR BLUFF 3 Letter 6 Comb Reg & Add (STATE) (2**TP**) (CITY) PARCEL NUMBER(S) REASON FOR CORRECTION/DELETION IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR IST CORRECTED NUMBER BELOW NOT OWNED BY APPLICANT 078-17-02001 00 <u>AUTHORIZATION</u> (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 63 **SIGNED**

APPROVED_

Why rejected

FOR MSTC USE ONLY REJECTED

Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003

CORRECTION/DELETION

)

CORRECTION/DEEDITON
of the
HOMESTEAD EXEMPTION APPLICATION

DELETION	(X)	CORRECTION	(

FOR MSTC USE ONLY	
	-

ENTER INFORMATION EXA	ACTLY AS IT APPEARS ON THE C	ORIGINAL APPLICATION	COUNTY	CLAY
ACCT NO				YEAR 2011
NAME1 BILLU	JPS	MARY	GARTH	
(last na		(first name)	(middle nam	e) (social security no)
FOR A CORREC	TION, ENTER ONLY	THE INFORMAT	ION TO BE CORREC	TED.
FOR A DELETIC	N, ENTER THE INF	ORMATION EXAC	TLY AS ON THE O	RIGINAL APPLICATION.
MUNICIPALITY				SCHOOL DISTRICT WEST POINT
	UPS MAR		GARTH	SSN
(LAST)	(FIRTS)		(MIDDLE)	
NAME 2				SSN
(LAST)	(FIRTS)		(MIDDLE)	EXEMPTION CODE NO 2
ADDRESS 577	6 BENNETT ROAD			
	(STREET)			1 Regular 4 Dr Cert 2 Over 65 5 DAV
WEST F	POINT	MS	39773 	3 Letter 6 Comb Reg & Add
PARCEL NUMB		(STATE)	(ZIP)	
	R IS TO BE CORRECTED DI	JE TO TYPOGRAPHICAL	ERROR,	REASON FOR CORRECTION/DELETION
1 113-10-03	400 00			APPLICANT SOLD PROPERTY
-	·			
2				_
3				_
4				
		,		_
5	_ 			_
-	·			
AUTHORIZATI	ION			
correction of this la	rized agent of the State T awfully filed Homestead f 1972 and the taxpayer	Exemption Application	detailed above is neede	I do hereby attest to the fact that the ed to fully comply with Section 27 33 1 et seque Board of Supervisors of this county have been
		SIGNE	D	
Supervisors of this	ted and/or acting Clerk (county has requested an	d approved the DELET	TION of the lawfully file	d county I do hereby certify that the Board of d Homestead Exemption Application detailed above 33-1 et seq Mississippi Code of 1972
	Witness my si	gnature and official se	al Thus the 25 day	of algest 20 11
		`U≸ SIGNE	- James	a- Stahn-
FOR MSTC	APPROVED	-		REJECTED
USE ONLY	Why rejected		· · · ·	

Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003

FOR MSTC USE ONLY

Why rejected _____

CORRECTION/DELETION

of the	
STEAD EVENDTION	APPLICATION

ELETION	(X)	CORRECTION	(
	· /		•

FOR MSTC USE ONLY]

VTER INFORMATION	EXACTLY AS IT APPEARS ON TI	HE ORIGINAL APPLICATION	COUNTY_CLAY	Y
CCT NO				YEAR
IAME 1 BU	CHANAN	JAMES		
(last	name)	(first name)	(middle name)	(social security no)
OR A CORRI	ECTION, ENTER ON	LY THE INFORMATION	ON TO BE CORRECTE	ED.
OR A DELET	TION, ENTER THE I	NFORMATION EXACT	TLY AS ON THE ORIG	GINAL APPLICATION.
IUNICIPALI	ry			SCHOOL WEST POINT DISTRICT
AME 1 BUG	CHANAN JAM	ES	Н	SSN
(LAST)		· · · · · · · · · · · · · · · · · · ·	(MIDDLE)	
NAME 2 BUG	CHANAN KAT	нұ	E	SSN
(LAST)			(MIDDLE)	
DDRESS 30	09 PRARIE VIEW F	ED .		EXEMPTION CODE NO 1
	(STRE			1 Regular 4 Dr Cert
WEST 1	POINT	MS	39773	2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
	CITY)	(STATE)	(ZIP)	
ARCEL NUM		DUE TO TYPOGRAPHICAL EI	RROR.	REASON FOR CORRECTION/DELETION
	NUMBER BELOW			
085B-09	A-02509 00			NOT OWNED BY APPLICANT
		· · · —		
<u>)</u>				
1				
<u> </u>	<u> </u>	- 		1
4				
<u> </u>				
5				
'				
orrection of thi	ECTION) thorized agent of the State s lawfully filed Homester e of 1972 and the taxpay	d Exemption Application	detailed above, is needed to	lo hereby attest to the fact that the of fully comply with Section 27-33-1 et sequand of Supervisors of this county have been
		SIGNED)	
Supervisors of t	elected and/or acting Clei his county has requested mental Roll of allowed e	and approved the DELETI xemption for this county a	ION of the lawfully filed H coording to Section 27-33-1 This the	ounty I do hereby certify that the Board of formestead Exemption Application detailed above I et seq. Mississippi Code of 1972
TOP 15000	A DDDOVED		/	REJECTED
FOR MSTC	TI LYOYED			

Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003

CORRECTION/DELETION

DELETION	(X)	CORRECTION	(

OF THE HOMESTEAD EXEMPTION APPLICATION						
ELETION	(X)	CORRECTION	()	 	

FOR MSTC USE ONLY

	EXACTLY AS IT APPEARS ON THE (ORIGINAL APPLICATION	COUNTY_	CLAY
CCT NO			_	YEAR 2011
NAME 1_GIE	SON	JAMES	<u>L</u>	
•	name)	(first name)		
OR A CORRI	ECTION, ENTER ONLY	THE INFORMA	ATION TO BE CORK	ECTED.
FOR A DELET	ION, ENTER THE INF	ORMATION EX	ACTLY AS ON THE	ORIGINAL APPLICATION.
MUNICIPALI	ΓY			SCHOOL WEST POINT DISTRICT
NAME 1 GII	BSON JAMES		L ET	AL SSN
(LAST)	(FIRTS)		(MIDDLE)	
NAME 2 GII	BSON EMMA		L	SSN_
(LAST)	(FIRTS)		(MIDDLE)	EXEMPTION CODE NO 2
ADDRESS 64	400 W TVA ROAD			EXEMPTION CODE NO
	(STREET)	_		I Regular 4 Dr Cert
WES:	r Point	MS	39773	2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
	ITY)	(STATE)	(ZIP)	
PARCEL NUN IF A PARCEL NUM	ABER(S) BER IS TO BE CORRECTED DU	JE TO TYPOGRAPHICA	AL ERROR,	REASON FOR CORRECTION/DELETION
LIST CORRECTED				
1 050-28-0	01200 00			APPLICANTS DECEASED
	<u>-</u>			
2				
<u> </u>				
3				
³				-
4				
				_
E				
٥				
	TION			-
AUTHORIZA	HON			
(FOR A CORRE	CTION			
Being a duly aut	horized agent of the State T	ax Commission or o	of the above named Coun	ty I do hereby attest to the fact that the
Mississippi Code	of 1972 and the taxpayer	exemption Applicate whose name appear	ion detailed above is ned is on said application and	eded to fully comply with Section 27 33-1 et seq the Board of Supervisors of this county have been
notified of this c	orrection			
		PICA	TEN	
		SIGP	IED	
(FOR A DELET		.54- D 1 60	6 4 4	A compared to be a band of the second of the
Supervisors of the	his county has requested and	d approved the DEL	ETION of the lawfully f	med county, I do hereby certify that the Board of filed Homestead Exemption Application detailed above
from the Supple	nental Roll of allowed exen	nption for this coun	ty according to Section 2	7-33-1 et seq Mississippi Code of 1972
	Witness my si	gnature and official	seal This theda	ay of 20
			. 1	
		4,6		
		SIG	VED WILLIAM	the X- Kapenson
				<u>I</u>
FOR MSTC	APPROVED			REJECTED
USE ONLY	Why rejected			

Form 61-002-02 1 1-000 Rev 12/04 Formerty 72-003

CORRECTION/DELETION of the

FOR MSTC USE ONLY	

HOMESTEAD EXEMPTION APPLICATION DELETION (X) CORRECTION ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

				COUNTYCL	<u></u>
ACCT NO					YEAR 2011
NAME 1 JOH	INSON	ELEAZ	AR		
(last	name)	(first na	me)	(middle name)	•
FOR A CORRI	ECTION, ENTE	ER ONLY THE INFO	DRMATION TO	BE CORRECTI	<u>3D.</u>
FOR A DELE	TION, ENTER	THE INFORMATIO	N EXACTLY A	S ON THE ORIO	GINAL APPLICATION.
MUNICIPALI	TY				SCHOOL DISTRICT WEST POINT
NAME 1 JOH	HNSON	ELEAZAR			SSN 4
(LAST)		(FIRTS)	(MI	DDLE)	
	HNSON			7 	SSN
(LAST)		(FURTS)	(MII	ODLE)	EXEMPTION CODE NO 2
ADDRESS_96	698 GRIFFITI	I ROAD (STREET)			1 Regular 4 Dr Cert
្តកា	DAR BLUFF	MS		39741	2 Over 65 5 DAV
(C	ПТҮ)	(STATE)		ZIP)	3 Letter 6 Comb Reg & Add
PARCEL NUN		ECTED DUE TO TYPOGR	APHICAL ERROR		REASON FOR CORRECTION/DELETION
LIST CORRECTED	NUMBER BELOW				
1065-32-	-01700 00				NOT OWNED BY APPLICANT
_					
2	<u>-</u>	· · · · ·			
3					
4					
5	<u> </u>	<u>-</u>			
				<u> </u>	
<u>AUTHORIZA</u>	ATION				
correction of this	thorized agent of the lawfully filed He of 1972 and the	omestead Exemption Ap	plication detailed	above is needed to	do hereby attest to the fact that the ofully comply with Section 27 33-1 et sequent of Supervisors of this county have been
			SIGNED	· · · · · · · · · · · · · · · · · · ·	
Supervisors of the	elected and/or actual has required the county has required to the county ha	uested and approved th	e DELETION of	the lawfully filed H	ounty I do hereby certify that the Board of lomestead Exemption Application detailed above let seq Mississippi Code of 1972
	Witr	ess my signature and o	fficial seal This t	he <u>25 day</u> of _	angent_ 20_11_
		67	SIGNED &	Ma Ma	- 1. Kohen -
FOR MSTC	APPRO	OVED			REJECTED
USE ONLY		jected			

Form 61-002-02 1 1-000 Rev 12/04 Formerty 72-003

CORRECTION/DELETION

DELETION	(X)	CORRECTION	(

Why rejected

HOMESTEAD EXEMPTION APPLICATION							
DELETION	(X)	CORRECTION	()	 		

FOR MSTC USE ONLY

NTER INFORMATION	EXACTLY AS IT APP	EARS ON THE ORIGINAL APP	PLICATION		
ACCT NO				COUNTY_CLAY	Y
					YEAR 2011
NAME1 JO	RDAN		N	SIDNEY	
	name)		name)	(middle name)	(social security no)
FOR A CORR	ECTION, ENT	ER ONLY THE IN	<u>FORMATIO</u>	N TO BE CORRECTE	ED.
FOR A DELE	TION. ENTER	THE INFORMATI	ON EXACT	LY AS ON THE ORIG	GINAL APPLICATION
<u> </u>					
MUNICIPALI	TY			<u> </u>	SCHOOL WEST POINT
NAME 1	RDAN	JOHN		SIDNEY	SSN
(LAST)		(FIRTS)		(MIDDLE)	
NIARME 2 JOE	RDAN	MARY		J0	SSN
(LAST)		(FIRTS)		(MIDDLE)	
ADDRESS &	100 OLD VII	NTON DOAD			EXEMPTION CODE NO 2
ADDKESS <u>°</u>	100 010 11	(STREET)			l Regular 4 Dr Cert
treem	DOTNE	340		20772	2 Over 65 5 DAV
	POINT	MS (STATE)		39773 (ZIP)	3 Letter 6 Comb Reg & Add
PARCEL NUI					REASON FOR CORRECTION/DELETION
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1 054-26-	00400 00				APPLICANT SOLD PROPERTY
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AUTHORIZA	TION				
(FOR A CORRI		the State Tax Commu	sion or of the	shove named County I d	lo hereby attest to the fact that the
correction of thi	s lawfully filed F	Iomestead Exemption	Application de	tailed above is needed to	fully comply with Section 27-33-1 et seq
notified of this c	correction	e taxpayer whose nam	e appears on s	and application and the Be	oard of Supervisors of this county have been
			SIGNED_		
(FOR A DELET	ΓΙΟΝ)				
Being the duly e	lected and/or act	ing Clerk of the Board	of Supervisor	s for the above named co	ounty I do hereby certify that the Board of omestead Exemption Application detailed above
from the Supple	mental Roll of al	lowed exemption for t	his county acco	ording to Section 27 33-1	et seq Mississippi Code of 1972
	W.,	THE MY CIONSHIP and	offices seel 7	This the	Milhart no 11
	44.11	ress my signature sign	Orneiai Scai	ans the day of _	100 mg
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		163	SIGNED	//XIIII ai	- 1 falan
			SIGINED_		1. Karnare -
FOR MSTC	APPR	OVED			REJECTED
USE ONLY	Why r	ejected			

Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003

CORRECTION/DELETION

of the HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

FOR	MSTC	USE	ONLY	

	EXACTLY AS IT APP	EARS ON THE ORIGINAL APPLICATION	COUNTYCLAY	
ACCT NO			-	YEAR 2011
JAME1 LO	FTON	DEBBIE	0	
(last i	name)	DEBBIE (first name)	(middle name)	(social security no)
OR A CORRE	CTION, EN	ER ONLY THE INFORMA	TION TO BE CORRECTE	ED_
OR A DELET	ION, ENTER	THE INFORMATION EX.	ACTLY AS ON THE ORIG	INAL APPLICATION
MUNICIPALIT			_	SCHOOL DISTRICT WEST POINT
NAME 1LO	FTON	DEBBIE	0	SSN
NAME I(LAST)		(FIRTS)	(MIDDLE)	3314
MAME 2				SSN
VAME 2(LAST)		(FIRTS)	(MIDDLE)	
ADDRESS 11	1130 GRIFF	TH ROAD		EXEMPTION CODE NO 1
ADDRESS	-	(STREET)	· 	l Regular 4 Dr Cert
CEDA	AR BLUFF	MS	39741	2 Over 65 5 DAV
	ITY)	(STATE)	(ZIP)	3 Letter 6 Comb Reg & Add
PARCEL NUM F a parcel nume		RRECTED DUE TO TYPOGRAPHICA	AL ERROR,	REASON FOR CORRECTION/DELETION
LIST CORRECTED N	NUMBER BELOW			
1 065-31-0	00 00800			APPLICANT SOLD PROPERTY
				
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AUTHORIZA'	TION			
AUTHORIZA	HKAN			
(FOR A CORRE	CTION)			
Being a duly auth	orized agent of	the State Tax Commission or of the State Tax Commission or of the State Tax Commission Application and the State Tax Commission or of the State Tax Commiss	of the above named County I o	lo hereby attest to the fact that the of fully comply with Section 27-33-1 et seq
Mississippi Code	of 1972 and the	he taxpayer whose name appear	s on said application and the B	oard of Supervisors of this county have been
notified of this co	orrection			
		SIGN	NED	
		5152		
(FOR A DELET:		ting Clerk of the Roard of Sune	ervisors for the above named or	ounty I do hereby certify that the Board of
Supervisors of th	us county has re	equested and approved the DEL	ETION of the lawfully filed H	omestead Exemption Application detailed above
from the Supplen	nental Roll of a	llowed exemption for this count	ty according to Section 27-33-1	et seq Mississippi Code of 1972
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	W	itness my signature and official	seal This the 25 day of	
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		SIGN	VED	- Akhr
				
FOR MSTC USE ONLY				REJECTED
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Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003 CORRECTION/DELETION

of the			
TOTAL STREET CASE	A TOTAL	104	THOUSE I

ELETION	(X)	CORRECTION	(

HOMESTEAD EXEMPTION APPLICATION) DE

FOR MSTC USE ONLY

	EXACTLY AS IT APPEARS ON THE C	DRIGINAL APPLICATION	COUNTY	CLAY	
ACCT NO		 		YEAR 2011	
NAME 1_MAR	BLE	CORDIA	HUDDLEST	<u> </u>	
•	name)	(first name)	•	•	(social security no)
FOR A CORRE	ECTION, ENTER ONLY	THE INFORM	ATION TO BE CORREC	CTED.	
FOR A DELET	ION, ENTER THE INF	ORMATION EX	ACTLY AS ON THE O		
MUNICIPALIT	Y			SCHOOL WES	T POINT
NAME 1 MAR	BLE CORDI	Ā	HUDDLESTON	SSN	
(LAST)	(FIRTS)		(MIDDLE)	_	
NAME 2				SSN	
(LAST)	(FIRTS)		(MIDDLE)	EXEMPTION	N CODE NO 2
ADDRESS 11	873 GARTH LOOP				
1	(STREET)			1 Regular 2 Over 65	4 Dr Cert 5 DAV
PRAIRI		MS	39756		6 Comb Reg & Add
PARCEL NUM	TY) TBER(S)	(STATE)	(ZIP)	DE A SON BOD	CORRECTION/DELETION
IF A PARCEL NUME LIST CORRECTED N	BER IS TO BE CORRECTED DU	E TO TYPOGRAPHIC	AL ERROR,	REASON FOR	CORRECTION/DELETION
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1 003-06-0	01101_00	_	<u>-</u> -	_ APPLICANT	DECEASED
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AUTHORIZA	IION				
(FOR A CORRE) Being a duly auth	CTION) orized agent of the State Ta	ax Commission or o	of the above named County	I do bereby attest to th	e fact that the
correction of this	lawfully filed Homestead E of 1972 and the taxpayer	xemption Applicat	non detailed above is neede	d to fully comply with	Section 27-33-1 et seq
notified of this co	prrection	whose mane appear	o on one approximation and or	o Board of Daper VEGIO	or and county in to occis
		nter	NED.		
		SIGI	NED		
(FOR A DELET) Being the duly ele	ION) ected and/or acting Clerk of	f the Board of Supe	ervisors for the above name	d county I do hereby c	ertify that the Board of
Supervisors of the	us county has requested and nental Roll of allowed exem	approved the DEL	ETION of the lawfully filed	d Homestead Exemption	n Application detailed above
are supplet	TOTAL OF BUOWCO CACIL	ibana na mis mis	sy seeming to occion 27-3	To sed mississiph	GAGE VI. 1774
	Witness my sig	mature and official	seal This the 25 day	of Augun	<u></u>
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		t ()	1 1101 1	- //./	
		SIGI	NEDNINCE	-1-100	
FOR MSTC	APPROVED			REJECTED	· •
USE ONLY	Why rejected			<u> </u>	

USE ONLY

Why rejected ___

CORRECTION/DELETION

of the

DELETION	(X)	CORRECTION	(

HOMES'	TEAD EXEM	IPTION APPLICAT	ION		 	
LETION	(X)	CORRECTION	()		

FOR MSTC USE ONLY

ENTER INFORMATIO	ON EXACTLY AS IT APPE	ARS ON THE ORIGINAL APPLICATION	COUNTY	CLAY
ACCT NO _			<u>-</u>	YEAR 2011
M	CEADDEN	TAMES	DAVID	
NAME 1F	st name)	JAMES (first name)	(middle nau	ne) (social security no)
-		ER ONLY THE INFORMAT		
		THE INFORMATION EXAC		
	<u>-</u>			SCHOOL DISTRICT WEST POINT
<u> </u>	JTY		DAVID	
	ICFADDEN		(MIDDLE)	SSN
(LAS	•	(FIRTS)	BEAN	
 NAME 2		MARY		SSN
(LAS	T)	(FIRTS)	(MIDDLE)	EXEMPTION CODE NO 2
ADDRESS_	5171 PEA RI			A Dr. Cert
		(STREET)		1 Regular 4 Dr Cert 2 Over 65 5 DAV
W	EST POINT	MS	39773	3 Letter 6 Comb Reg & Add
DARGET NU	(CITY)	(STATE)	(ZIP)	
1		RRECTED DUE TO TYPOGRAPHICAL	ERROR	REASON FOR CORRECTION/DELETION
	-01100 00			APPLICANT DECEASED
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AUTHORIZ	ATION			
ADDITION OF P	uthorized agent of his lawfully filed l ide of 1972, and the	NUMBER OF THE PROPERTY AND LOSSING	t data de de como como de	I do hereby attest to the fact that the ed to fully comply with Section 27-33 1 et seq he Board of Supervisors of this county have been
		SIGNE	D	
(FOR A DELI Being the duly Supervisors of from the Supp	elected and/or ac	ting Clerk of the Board of Superv equested and approved the DELET llowed exemption for this county	isors for the above name FION of the lawfully file according to Section 27	ed county I do hereby certify that the Board of ed Homestead Exemption Application detailed above 33 1 et seq Mississippi Code of 1972
	Wı	tness my signature and official sea	al This the 25 day	of forgut 20 //
		SIGNE	D // ///	ma Likhu
			1	
FOR MST	APPR	OVED		REJECTED

Fon

61-002-02 1 1-000 Rev 12/04 erly 72-003 CORRECT HOMESTEAD EXE	FOR MSTC USE ONLY			
DELETION (X)	CORRECTION ()		
TER INFORMATION EXACTLY AS IT APPEARS ON THE O	RIGINAL APPLICATION	מעס	NTYCLAY	

R INFORMATION EXACTLY AS IT APPEAR	RS ON THE ORIGINAL APPLICATION	COUNTY CLAY	
CT NO		YEAR_	2011
ME 1 MCINTYRE	STEPHEN		
(last name)	(first name)	(middle name)	(social security no)
A CORDECTION ENTER	R ONLY THE INFORMATIO	ON TO BE CORRECTED.	

FOR A DELETION, ENTER			SCHOOL.
MUNICIPALITY			SCHOOL DISTRICT WEST POINT
NAME 1_MCINTYRE	STEPHEN		SSN
(LAST)	(FIRTS)	(MIDDLE)	
NAME 2 MCINTYRE	JENNIFER		SSN
(LAST)	(FIRTS)	(MIDDLE)	EXEMPTION CODE NOI
ADDRESS 2515 WIST	ERIA PLACE		1 Popular A Dr. Cart
	(STREET)	00770	1 Regular 4 Dr Cert 2 Over 65 5 DAV
WEST POINT	MS	39773 (ZIP)	3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S)	(STATE)	(237)	REASON FOR CORRECTION/DELETION
IF A PARCEL NUMBER IS TO BE CO LIST CORRECTED NUMBER BELOW		al error	REASON FOR CORRECTION DEBESSOR
1 091A-20A-02212 00			APPLICANT SOLD PROPERTY
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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 resulted of this county.

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 a	and official seal. This the 25 day of	August 20 1
FOR MSTC USE ONLY	APPROVED	F	REJECTED

CORRECTION/DELETION of the

HOMESTEAD EXEMPTION APPLICATION	

DELETION (X) CORRECTION (

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

Why rejected

FOR MSTC USE ONLY	

CLAY

THE CHIEF CONTROL OF			COUNTYC	LAY	
ACCT NO		<u> </u>		YEAR 2011	
NAME 1 MCNI	EEL	SAMMIE			
(last na	EEL	(first name)	(middle name)	(so	cial security no)
FOR A CORREC	TION, ENTER ONLY	THE INFORMATION	ON TO BE CORRECT	ED.	
FOR A DELETION	ON, ENTER THE INFO	ORMATION EXACT	TLY AS ON THE ORI	GINAL APPLICATION	L
MUNICIPALITY	7			SCHOOL DISTRICT WEST PO	DINT
	EEL SAMMIE			SSN	• · · · · · · · · · · · · · · · · · · ·
(LAST)			(MIDDLE)		
NAME 2	(FIRTS)			SSN	
(LAST)	(FIRTS)		(MIDDLE)	EXEMPTION C	ODE NO 1
ADDRESS @&	&% OLD VINTON ROA	AD			
	(STREET)			1 Regular 4 2 Over 65 5	
WEST P		MS	39773 	1	Comb Reg & Add
PARCEL NUMI		(STATE)	(ZIP)	PEASON FOR COR	RECTION/DELETION
IP A PARCEL NUMBE LIST CORRECTED NO	ER IS TO BE CORRECTED DU	E TO TYPOGRAPHICAL EI	ROR	REASON FOR COR	ecilow bellerion
1 052-30-00	0302 00			APPLICANT MOV	ED
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4	<u> </u>		<u> </u>		
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AUTHORIZAT	ION				
					
(FOR A CORREC	TION)	on Commence of the			
				do hereby attest to the fact to fully comply with Section	
noutled of this cor	rection	whose name appears on	said application and the l	to fully comply with Section Board of Supervisors of this	s county have been
		27.2			
		SIGNED			
(FOR A DELETIC	~~~				
Being the duly elec	sted and/or senne Cleek of	f the Board of Supervise	ors for the above named of	county I do hereby certify	that the Dougland
from the Supplement	county has requested and ental Roll of allowed exem	approved the DELETI- ption for this county ac	ON of the lawfully filed I cording to Section 27, 33	county I do hereby certify Homestead Exemption App 1 et seq Mississippi Code	lication detailed above
		•		r as and museusarbin com	: 0: 1972
	Witness my sig	nature and official seal	This the day of	Mack	20 //
		2 -2	This the day of	- Cary 11/	+ ¹⁰
		, 53	//alline	a de hop	es_
		SIGNED			<u>.</u>
FOR MSTC	APPROVED				
USE ONLY	Why resented			REJECTED	

Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003 CORRECTION/DELETION of the

HOMESTEAD EXEMPTION APPLICATION

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ELETION	(X)	CORRECTION	()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO _____

FOR MSTC USE ONLY	

YEAR 2011

COUNTY__CLAY

NAME 1 PA	RKER	ELSIE	L	
	name)	(first name)	(middle name)	(social security no)
FOR A CORRI	ECTION, ENT	ER ONLY THE INFORMAT	TON TO BE CORRECTE	D.
FOR A DELE	IION, ENTER	THE INFORMATION EXAM		
MUNICIPALI	TY		_	SCHOOL WEST POINT
		<u> </u>		
NAME 1PA	ARKER	ELSIE	L	SSN
(LAST)		(FIRTS)	(MIDDLE)	
NAME 2		_ _		SSN
(LAST)		(FIRTS)	(MIDDLE)	EXEMPTION CODE NO 2
ADDDESS 8	8977 DECKER	ROAD		EXEMPTION COSE NO
ADDRESS		(STREET)		1 Regular 4 Dr Cert
WEST PO	TNT	MS	39773	2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
			(ZIP)	J Letter 6 Comb Reg & Add
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AUTHORIZA	ATION			
(FOR A CORRI Being a duly aut		the State Tax Communion or of	the shove several County, I d	o hereby attest to the fact that the
COLLECTION OF THE	PINAINTY INCOLD	IDIIICSICAI EXCIIDIUM Ambicatio	n detailed shows to meaded to	fully gamely wash Campan 27 22 s
noufied of this c	ortetion	E mrbsyci wnose name appears	on said application and the Bo	pard of Supervisors of this country have been
		SIGNE		
(FOR A DELET	ስነ የሌ			
Being the duly e	elected and/or act	ing Clerk of the Board of Superv	/ISDES for the above named co	ounty I do hereby certify that the Board of
from the Supple	his county <u>has</u> re- mental Roll of all	quested and approved the DELE	TION of the lawfully filed Ho	omestead Exemption Application detailed above et seq Mississippi Code of 1972
'##"		eventherou to: mis county	according to Section 27 33-1	et seq Mississippi Code of 1972
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	Wit	ness my signature and official se	al This the 25day of	(Sugart , 20 11
			//	august 20_11
		7;	1/xulla	L. 10m
		SIGNE		
				
FOR MSTC	ł .			REJECTED
USE ONLY	Why r	ejected		
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ACCT NO _____

CORRECTION/DELETION of the

HOMESTEAD EXEMPTION APPLICATION	

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

FO	R MSTC	USE	ONLY	l
				1

ACCT NO			_	YEAR 2011
JABAT 4 PF	NNTNCTON	DARRYL		
	name)	(first name)	(middle name)	(social security no)
•	·	ONLY THE INFORMA	ATION TO BE CORRECTI	ED.
OR A DELET	ION, ENTER TH	E INFORMATION EX	ACTLY AS ON THE ORIG	
MUNICIPALIT	ΓY		<u> </u>	SCHOOL DISTRICT WEST POINT
NAME 1_ PE	NNINGTON D	ARRYL		SSN
(LAST)	(F	TRTS)	(MIDDLE)	
NAME 2(LAST)		TRTS)	(MIDDLE)	SSN
	·	ŕ	(MIDDEL)	EXEMPTION CODE NO 1
.DDRESS	503 MHOON VAL			-
	()	STREET)		1 Regular 4 Dr Cert 2 Over 65 5 DAV
WEST PO	INT	MS	39773	3 Letter 6 Comb Reg & Add
	ITY)	(STATE)	(ZIP)	
ARCEL NUM F A PARCEL NUM LIST CORRECTED	BER IS TO BE CORREC	TED DUE TO TYPOGRAPHICA	al error	REASON FOR CORRECTION/DELETION
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UTHORIZA	TION			,
	norized agent of the salawfully filed Homes of 1972, and the rate			do hereby attest to the fact that the of fully comply with Section 27 33 1 et sequand of Supervisors of this county have been
		SIGN	(ED	
FOR A DELET Seing the duly el Supervisors of the From the Supplet	lected and/or acting this county has request mental Roll of allower	d exemption for this count	ty according to Section 27 33-1	ounty I do hereby certify that the Board of fomestead Exemption Application detailed above I et seq. Mississippi Code of 1972
	Witness		seal This the 25 day of	Wgnt 20/1
		7.7 21GN	<i> & AM</i> NED	a Klopen
 			NED	·
FOR MSTC USE ONLY	APPROVI			REJECTED
USE ONLY	Why rejec	ted		
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COUNTY CLAY

Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003 CORRECTION/DELETION

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		-	of the				
	HOMES'	TEAD EXEN	MPTION APPLICAT	ION			
	DELETION	(人)	CORRECTION	()		

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FOR	MSTC	USE	ONL:	¥	

ENTER INFORMATION EX	XACTLY AS IT APPEARS ON THE ORIGINAL A	PPERCENTION	COUNTY	LAY
ACCT NO				YEAR 2011
NAME 4 BOO	N C RO	SETTA		
NAME 1 POO (last n	· · · · · · · · · · · · · · · · · · ·	st name)	(middle name	e) (social security no)
FOR A CORREC	CTION, ENTER ONLY THE	INFORMATION	TO BE CORREC	TED.
FOR A DELETI	ON, ENTER THE INFORMA	TION EXACTL	Y AS ON THE OF	RIGINAL APPLICATION.
MUNICIPALIT				SCHOOL DISTRICT WEST POINT
POOT	LE ROSETTA			SSN
(LAST)	(FIRTS)		(MIDDLE)	
h				SSN
NAME 2	(FIRTS)		(MIDDLE)	
	/ Q 대대 약 5 N 당			EXEMPTION CODE NO 2
ADDRESS_47	(STREET)			1 Regular 4 Dr Cert
	ν	a	20772	2 Over 65 5 DAV
WEST POI			39773 	3 Letter 6 Comb Reg & Add
PARCEL NUM			(AIF)	REASON FOR CORRECTION/DELETION
IF A PARCEL NUMBI LIST CORRECTED N	ER IS TO BE CORRECTED DUE TO TY UMBER BELOW	POGRAPHICAL ERRO	OR .	REASON FOR CORRECTION/DEBS 110.
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AUTHORIZAT	ION			
COR A CORREG				
(FOR A CORRECT Being a duly authorities)	orized agent of the State Tax Com-	mission or of the a	bove named County	I do hereby attest to the fact that the
COLLECTION OF THIS I	awnuny med Homestead Exemptic	on Apolication det	atled above is needed	i to fully comply with Section 27-33-1 et seq
notified of this cor	rection		m application and the	board of supervisors of this county have occu
		SIGNED_		
(FOR A DELETIC	ON)			
	S CORTAL 1993 I CHINCHENICH WIRT MINIUM	PA IAP I HIII IN	JAT the leminules filed	county I do hereby certify that the Board of Homestead Exemption Application detailed above
from the Suppleme	ental Roll of allowed exemption for	r this county acco	rding to Section 27 3	3-1 et seq Mississippi Code of 1972
				1
	Witness my signature a	und official seal T	his the 25 day of	5- Mant 20 //
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	• ' '	SIGNED	-	-
				
FOR MSTC	APPROVED			REJECTED
USE ONLY	Why rejected			

CORRECTION/DELETION of the

HOMESTEAD EXEMPTION APPLICATION

DELETION	(X)	CORRECTION	()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

FOR MSTC USE ONLY	

CLAY

AME 1 RZID VONNA IAME 1 RZID VONNA IAME 1 RZID VONNA IAME 1 RZID (Inst name) (Inst dame) (Include name) (Include name) OR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED. SCR OC. SCR O	TATELL HAL OLGEN LIGHT	5-14-16-1-16-11-14-1-16-11-16-11-16-11-16-11-16-11-16-11-16-11-16-11-16-11-16-11-16-11-16-11-16-11-16-11-16-11		COUNTYC	LAY
[LIAST RATIC] (HINT BARDE) (RINDER DATE) (RI	ACCT NO				YEAR 2011
[LIAST RATIC] (HINT BARDE) (RINDER DATE) (RI	RE	TD	VONNA		
MUNICIPALITY DSTRICT MUNICIPALITY NAME 1 REID VONNA (AND OPERS) (NAME 1(last:	name)	(first name)	(middle name)	(social security no)
SON A DELETION. ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION. MUNICIPALITY DISTRICT WEST POINT SSN WAME 1 REID VONNA (AUTO ORTS) (CEDAR BLUFF MS 39741 2 COVE 65 5 DAV 2 COVE 65 5 DAV 3 Detter 6 Comb Reg & Add (CETO ORTS) PARCEL NUMBER(S) PARCEL NUMBER(S) (CETO ORTS) PARCEL NUMBER STO DUE TO TYPOGRAPHICAL ERROR INTERCORRECTED MAMERIA BRADOW APPLICANT SOLD PROPERTY 2 DOTE-07-01500 00 APPLICANT SOLD PROPERTY AUTOMORPH ORTS ORTS ORTS ORTS ORTS ORTS ORTS ORTS	OR A CORRE	CTION, ENT	ER ONLY THE INFORMAT	ION TO BE CORRECT	ED.
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FOR MSTC APPROVED REJECTED			• •	//ama	e-1100 por
KEEL LED				D	
NOT ONE W	FOR MSTC	APPR	OVED		REJECTED

USE ONLY

Why rejected

CORRECTION/DELETION of the

FOR MSTC USE ONLY	

HOMESTEAD EXEMPTION APPLICATION DELETION (X)CORRECTION ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION CLAY COUNTY ACCT NO ____ 2011 YEAR 425-68-9670 CHARLIE NAME 1_ SHELTON JR (social security no) (middle name) (first name) (last name) FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED. FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION. SCHOOL DISTRICT WEST POINT MUNICIPALITY SSN_ NAME 1 SHELTON JR CHARLIE (MIDDLE) (LAST) SSN NAME 2 (MIDDLE) (LAST) (FIRTS) EXEMPTION CODE NO ADDRESS 4300 CHARLIE SHELTON ROAD 4 Dr Cert I Regular (STREET) 2 Over 65 5 DAV 39773 MS WEST POINT 3 Letter 6 Comb Reg & Add (ZIP) (CITY) (STATE) PARCEL NUMBER(S) REASON FOR CORRECTION/DELETION F A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR JIST CORRECTED NUMBER BELOW APPLICANT SOLD PROPERTY 1 107-34-01600 00 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 noufied 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 day of 13 SIGNED' APPROVED FOR MSTC

____ REJECTED

CORRECTION/DELETION of the

HOMESTEAD	EXEMPTION	APPLICATION	

DELETION	(X)	CORRECTION	(

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

 FOR MSTC USE ONLY	1
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CLAY

HALEK HALOKARI HOM EVOLET		COUNTYCI	.AY
ACCT NO			YEAR
NAME 1 STOVALI	CLIFTON		
(last name)	(first name)	(middle name)	(social security no)
FOR A CORRECTIO	N, ENTER ONLY THE INFORM	ATION TO BE CORRECT!	ZD.
FOR A DELETION.	ENTER THE INFORMATION E	XACTLY AS ON THE ORIG	GINAL APPLICATION.
MUNICIPALITY			SCHOOL DISTRICT_WEST POINT
STOVAT	T CLIFTON		SSN_
(LAST)	L CLIFTON (FIRTS)	(MIDDLE)	
NAME 2_STOVAL	.t. TONIA		SSN SSN
(LAST)	(FIRTS)	(MIDDLE)	EXEMPTION CODE NO I
ADDRESS 3759	HWY 46		EXEMPTION CODE NO
ADDICESS	(STREET)		1 Regular 4 Dr Cert
CEDAR BLUFE	MS	39741	2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
(CITY)	(STATE)	(ZIP)	
PARCEL NUMBER	(S) to be corrected due to typographi	ICAL ERROR	REASON FOR CORRECTION/DELETION
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AUTHORIZATION	į		
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	and/or acting Clerk of the Board of Su my has requested and approved the Di Roll of allowed exemption for this con		ounty I do hereby certify that the Board of Iomestead Exemption Application detailed above 1 et seq Mississippi Code of 1972
	Witness my signature and offici	al seal This the 25 day of	Magnyt 20/1
	79	Mun	on I kapen
	• /	GNED	
FOR MSTC	APPROVED		DELECTED
USE ONLY	Why rejected		REJECTED

ACCT NO ___

CORRECTION/DELETION

of the

HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

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2011

CLAY

YEAR__

COUNTY__

NAME 1_	SYKES	MONICA		
11X161- 1_	(last name)	(first name)	(middle name)	(social security no)
			MATION TO BE CORRECTE	
FOR A.D	ELETION, ENTER	THE INFORMATION E	XACTLY AS ON THE ORIC	
MUNICIF	PALITY			SCHOOL DISTRICT WEST POINT
NAME 1	SYKES	MONICA		SSN
	(LAST)	(FIRTS)	(MIDDLE)	CON
, ,	(LAST)	(FIRTS)	(MIDDLE)	EXEMPTION CODE NO 1
ADDRES	S 933 HERMAN	SHIRLEY ROAD		
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WES	T POINT	MS	39773	3 Letter 6 Comb Reg & Add
DARGEL	(CITY)	(STATE)	(ZIP)	
	. NUMBER(S) l number is to be coi	RRECTED DUE TO TYPOGRAPH	ICAL ERROR	REASON FOR CORRECTION/DELETION
	ected number below			NOT IN APPLICANT'S NAME
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		SI	GNED	<u> </u>
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	W	itness my signature and offici	al seal This the 25 day of	20//
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FOR M		OVED		REJECTED
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Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003 CORRECTION/DELETION

of the HOMESTEAD EXEMPTION APPLICATION

HUMESTEAD EXEMITION ATTECATION					
DELETION	(X)	CORRECTION	()	

FOR MSTC USE ONLY	

NTER INFORMATION EXA	CTLY AS IT APPEARS ON	THE ORIGINAL APPLICATION	COUNTYCLAY			
CCT NO	<u>.</u>	 	-	YEAR 2011		
IAME 1SHOT	WELL	JOANN (first name)	TAYLOR (middle name)	(social security no)		
•	•	•	TION TO BE CORRECT			
				GINAL APPLICATION.		
MUNICIPALITY				SCHOOL DISTRICT WEST POINT		
NAME 1_SHOT	WELL JO.	ANN	TAYLOR	SSN		
(LAST)	(FIR		(MIDDLE)			
NAME 2				SSN		
(LAST)	(FIR	(2)	(MIDDLE)	EXEMPTION CODE NO 1		
ADDRESS 112	11 HWY 50 W					
 -		LEET)		1 Regular 4 Dr Cert 2 Over 65 5 DAV		
CEDAR BI	UFF	MS	39741	3 Letter 6 Comb Reg & Add		
(CITY PARCEL NUMB	<u> </u>	(STATE)	(ZIP)	NE CONTROL CONTROL CONTROL		
IF A PARCEL NUMBE	R IS TO BE CORRECTE	d due to typographical	LERROR	REASON FOR CORRECTION/DELETION		
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		SIGN	ED			
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from the Suppleme		The second	r according to Section 27 33	1 et seq Mississippi Code of 1972		
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FOR MSTC	APPROVE)		REJECTED		
USE ONLY						

CORRECTION/DELETION

of the

HOMESTEAD EXEMPTION APPLICATION

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DEI	LETION	(X)	CORRECTION	()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

FOR MSTC USE ONLY

CLAY

COUNTY_

ACCT NO _			<u> </u>	YEAR
		***** * * * * * * * * * * * * * * * *		
NAME 1_QUI	INN name)	WILLIAM (first name)	(middle name)	
*	-		MATION TO BE CORRECT	
FOR A DELE	TION, ENTER	THE INFORMATION E	XACTLY AS ON THE ORI	CCHOOL
MUNICIPALI	TY			DISTRICT WEST POINT
NAME 1 QUI	INN	WILLIAM	<u>-</u>	SSN_
(LAST)		(FIRTS)	(MIDDLE)	
NAME 2 QUI	INN	TONYA	THOMPSON	SSN_
(LAST))	(FIRTS)	(MIDDLE)	EXEMPTION CODE NO
ADDRESS	1443 H S V	/EST ROAD	_	
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WEST PO	OINT	MS	39773	3 Letter 6 Comb Reg & Add
	CITY)	(STATE)	(ZIP)	
	` '	ECTED DUE TO TYPOGRAPHI	ICAL ERROR	REASON FOR CORRECTION/DELETION
1091B-19	9A-01300 00			APPLICANT SOLD PROPERTY
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AUTHORIZA	MOIN			
correction of mi	thorized agent of the lawfully filed He of 1972, and the	omestead Exemption Applic	ation detailed above is needed t	do hereby attest to the fact that the to fully comply with Section 27-33 1 et sequenced of Supervisors of this county have been
		07.		
		210	GNED	
anher visors of f	elected and/or actually has required the country has required to the country has requi	uested and approved the Di	SLETION of the lawfully filed F	ounty I do hereby certify that the Board of domestead Exemption Application detailed above 1 et seq Mississippi Code of 1972
				1 1
	Witn	ess my signature and officia	al scal This the 25 day of	_{[lll.Gen] 20
		3 ;	MIMA	- Akohr-
_ 	<u> </u>		GNED	
FOR MSTC	APPRO	VED		REJECTED
USE ONLY	Why re	jected		

CORRECTION/DELETION of the

	OI THE	
HOMESTEAD	EXEMPTION	APPLICATION

HOMEST	EAD	EX	EMPTION APPLICATION	N
DELETION	(X)	CORRECTION (

FOR	MSTC USE ON	LY

NTER INFORMATION EX	XACTLY AS IT APPEAR	ON THE ORIGINAL APPLIC		COUNTY	CLAY	
ACCT NO					YEAR 2011	
NAME 4 ROBE	ERTS	RONAL	D	EUGENE	·	
(last n	ame)	RONAL	ne)	(middle nam	le)	(social security no)
		ONLY THE INFO		BE CORREC	TED.	
FOR A DELETI	ON, ENTER T	HE INFORMATIO	N EXACTLY A	ON THE O	RIGINAL APPLICAT	NOI.
					SCHOOL DISTRICT WES	
			ret	GENE	<u> </u>	
NAME 1 ROB		(FIRTS)	(MID		SSN	<u> </u>
		HAZET.	SF	LLER	SSN 4	
NAME 2 ROB (LAST)		(FIRTS)	(MID			
ADDRESS 80)64 HWY550 W	ī			EXEMPTION	CODE NO 1
ADDRESS		(STREET)				4 Dr Cert
WEST POI	NT	MS	3	19773	2 Over 65	5 DAV 6 Comb Reg & Add
(CIT	Υγ	(STATE)	(Z	IP)		o como reg e nee
PARCEL NUM		CTED DUE TO TYPOGRA	APHICAL EDDOD		REASON FOR C	ORRECTION/DELETION
LIST CORRECTED N		CIED DUL TO TITOGR	HI MCAL LEROR			
1 079A-10A	∆ - 03200 00				APPLICANT	SOLD PROPERTY
						
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AUTHORIZAT	ION					
(FOR A CORREC	TION					
Being a duly author	orized agent of the	State Tax Commission	on or of the above	named County	I do hereby attest to the	fact that the
Mussissippi Code (or 19/2 and the t	nestead Exemption Ap axpayer whose name a	oplication detailed appears on said app	above is neede plication and the	d to fully comply with S e Board of Supervisors of	ection 27 33-1 et seq of this county have been
notified of this cor	rrection					•
			SIGNED			
			<u></u>			
(EOD A NEW COM	O. P.					
(FOR A DELETIC Being the duly ele	cted and/or acting	Clerk of the Board o	f Supervisors for t	he above name	d county, I do hereby cer	tify that the Board of
Outer Argona of Hill	s commit has ream	SICO 200 ADDTOVED The	: DELETTON of d	🖛 lawfully filed	Homestead Exemption 3-1 et seq Mississippi	Ammironescom alexantest et escri-
- • · · · · ·		F		research #17	minosombi	COUC 01 1972
	Witne	e mu pignonie- and -4	filosof seed 500 1	. 2	· Ans	+ 11
	w ithe	ss my signature and of	inciai seal This th	e <u>رست</u> day (مرار	or Many	20 //
		1.00	,	valle	a-Lholin	u-
		<i>,</i> 83	SIGNED_\		, ,	
· · · · · · · · · · · · · · · · · · ·		<u> </u>		-		<u> </u>
FOR MSTC	APPROV	/ED			REJECTED	
USE ONLY	Why reje	cted			_	

CORRECTION/DELETION of the

HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION (

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

FOR	MSTC	USE	ONLY	

CLAY

COUNTY___

					YEAR 2011
NAME 1_THO	MAS	THOMAS	S	C	
	name)	(first nam	ne)	(middle name)	(social security no)
FOR A CORRE	CTION, EN	ER ONLY THE INFO	DRMATION '	O BE CORRECTE	BD.
FOR A DELET	ION, ENTER	THE INFORMATION	N EXACTLY	AS ON THE ORIC	GINAL APPLICATION.
MUNICIPALIT	ΓΥ				SCHOOL DISTRICT WEST POINT
NAME 1 TH	OMAS	THOMAS		С	SSN SSN
(LAST)		(FIRTS)	(MIDDLE)	
NAME 2					SSN
(LAST)		(FURTS)	(MIDDLE)	
ADDRESS 59	ודע תום 88ו	NTON ROAD			EXEMPTION CODE NO 2
ADDRESS_33	OO OBD VI	(STREET)			l Regular 4 Dr Cert
tiech i	OCTNT	MS		39773	2 Over 65 5 DAV
WEST I	ITY)	(STATE)		(ZIP)	3 Letter 6 Comb Reg & Add
PARCEL NUM					REASON FOR CORRECTION/DELETION
IF A PARCEL NUM! LIST CORRECTED !		RECTED DUE TO TYPOGRA	APHICAL ERROR		
1 053-21-0	00400 00				APPLICANT SOLD PROPERTY
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<u> </u>			<u> </u>		
AUTHORIZA	EION				
SOLITOCHOLL OF THIS	orized agent of lawfully filed I of 1972 and th	10MCStead Exemption Apr	niication detaili	ed above is needed to	o hereby attest to the fact that the fully comply with Section 27-33-1 et sequand of Supervisors of this county have been
		;	SIGNED		
	ected and/or act is county has re nental Roll of al	ness my signature and off	county accordi	r the lawfully filed Ho ng to Section 27-33-1	unty I do hereby certify that the Board of omestead Exemption Application detailed above et seq. Mississippi Code of 1972
FOR MSTC	APPR	OVED			DETECTED
USE ONLY					REJECTED

Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003 CORRECTION/DELETION

FOR	MST	C	USE	ONL	Y

NTER INFORMATI	ION EXACTLY AS IT AP	PEARS ON THE ORIGINAL APPLICATION	COUNTY	LAY
ACCT NO				YEAR 2011
NAME 1	THRASH	WILLIAM	L	
NAME I(la	ast name)	(first name)	(middle name)	(social security no)
FOR A COR	RECTION, EN	TER ONLY THE INFORMAT	ION TO BE CORRECTE	ZD.
FOR A DEL	ETION, ENTE	R THE INFORMATION EXAC	CTLY AS ON THE ORIG	INAL APPLICATION.
MUNICIPA)	-			SCHOOL WEST POINT
	THRASH ST)	WILLIAM (FIRTS)	(MIDDLE)	SSN
		BP FND A	К	SSN
	ST)	BRENDA (FIRTS)	(MIDDLE)	SSN
		•		EXEMPTION CODE NO 1
ADDRESS_	3016 MIOON	VALLEY ROAD (STREET)		l Regular 4 Dr Cert
THE	r DOTNE	MS	39 773	2 Over 65 5 DAV
MESI	POINT (CITY)	(STATE)	(ZIP)	3 Letter 6 Comb Reg & Add
PARCEL N				REASON FOR CORRECTION/DELETION
		ORRECTED DUE TO TYPOGRAPHICAL	ERROR	
	ED NUMBER BELOV	¥		APPLICANT SOLD PROPERTY
1 096-22	2-00300 00			APPLICANT SOLD FROFERIT
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AUTHORI	ZATION			
(FOR A COR				
correction of	this lawfully filed	of the State Tax Commission or of the Homestead Exemption Application	n detailed above us needed to	fully comply with Section 27-33-1 et sec
Mississippi C notified of the	code of 1972 and	the taxpayer whose name appears (on said application and the B	oard of Supervisors of this county have been
		SIGNE	D	
mor . ===	Total a			
(FOR A DEL Being the dul		icting Clerk of the Board of Superv	nears for the shove named as	ounty, I do hereby certify that the Board of
Orbet ASOLD F	n mis commy das	reducated and approved the DELFT	TION of the fourfully filed 🖺	omesteed Everyption Application detailed about
	Lionioisti Von Ol	anowed exemption for this county	according to Section 27-33-1	et seq Mississippi Code of 1972
			~	1 1-
	V	Vitness my signature and official se-	al Thus theday of _	(d/1911) 20 //
			1/	. 1001
		ყ 5	OUNUI	- 40000-
		SIGNE	ED	
		DOVED	-	
FOR MST USE ONL	V			REJECTED
1 222 0140	r-ı Whv	rejected		

CORRECTION/DELETION of the

HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION (

FOR	MSTC	USE	ONLY	(

ENTER INFORMATION	EXACTLY AS IT APPE	ARS ON THE ORIGINAL APPL	ICATION	COUNTYC	LAY
ACCT NO _					YEAR 2011
ту	GART	EDITH	i		
NAME 1(last	name)	EDITI (first n	ame)	(middle name)	(social security no)
				TO BE CORRECTE	
FOR A DELE	TION, ENTER	THE INFORMATION	ON EXACTL	Y AS ON THE ORIG	GINAL APPLICATION.
					SCHOOL DISTRICT WEST POINT
					
NAME 1_TY	GART	EDITH		(MIDDLE)	SSN
1				(l con
NAME 2	<u></u>	(FIRTS)		(MIDDLE)	SSN
		ITY CENTER ROA			EXEMPTION CODE NO 2
ADDRESS		(STREET)	- 		l Regular 4 Dr Cert
WEST PO	DINT	MS		39773	2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
- (0	ату)	(STATE)		(ZIP)	J Letter o Como Reg & Add
PARCEL NUI		process by the political	DARWICAL EDDO	D	REASON FOR CORRECTION/DELETION
LIST CORRECTED		RECTED DUE TO TYPOG	MITHICAL EKKU		
113-10-	-01403 00				APPLICANT DECEASED
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AUTHORIZA	TION				
Mississippi Cod	thorized agent of is lawfully filed H e of 1972 and th	Iomestead Exemption A	Application deta	iled above us needed to	to hereby attest to the fact that the problem of fully comply with Section 27 33 1 et sequent oard of Supervisors of this county have been
noufied of this c	witection				
			SIGNED		
					·
Supervisors of t	elected and/or act his county has rea	i bestêd and approved t	he DELETION	of the lawfully filed He	ounty, I do hereby certify that the Board of omestead Exemption Application detailed above et seq. Mississippi Code of 1972
				- /	1.0.+
	Wıt	ness my signature and	official seal Th	us the Z day of	20_//
		નેહ્	SIGNED	/ almor	- A-Nom
EOD MARIE	A DDD				Direction
FOR MSTC					REJECTED
	why fo				

CORRECTION/DELETION of the

FOR MSTC USE ONLY	ļ
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HOMESTEAD EXEMPTION APPLICATION

DELETION (X) CORRECTION ()

ENTER INFORMATION EXAC	TLY AS IT APPEARS ON THE ORIGINAL APPL	ICATION	CLAY
ACCT NO		COUNTY	
ACCT NO	-		YEAR 2011
NAME A LICERT	R BETT	'Y WALKER	
NAME 1 WEBBE (last nan		ame) (middle nam	e) (social security no)
•	•	FORMATION TO BE CORRECT	
FOR A DELETIO	N, ENTER THE INFORMATION	ON EXACTLY AS ON THE OI	RIGINAL APPLICATION.
MUNICIPALITY			SCHOOL DISTRICT WEST POINT
		<u> </u>	
NAME 1 WEBBE	R BETTY	WALKER	SSN
(LAST)	(FIRTS)	(MIDDLE)	
NAME 2			SSN
(LAST)	(FIRTS)	(MIDDLE)	TOTAL CORE NO. 2
LDDDECG 270	οι ρέννερτης σιάντ δυδί	1	EXEMPTION CODE NO 2
ADDRESS 3/5	1 RENDERING PLANT ROAL (STREET)	·	1 Regular 4 Dr Cert
	_	00770	2 Over 65 5 DAV
WEST POINT			3 Letter 6 Comb Reg & Add
PARCEL NUMBE		(ZIP)	DE LOON DOD CORRECTION DE PRION
	IS TO BE CORRECTED DUE TO TYPOG	FRAPHICAL ERROR	REASON FOR CORRECTION/DELETION
LIST CORRECTED NUM	(BER BELOW		
1 113-10-059	900 00		APPLICANT SOLD PROPERTY
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AUTHORIZATIO	ON		
	213		
(FOR A CORRECT	ION		
Being a duly authori	zed agent of the State Tax Commis	sion or of the above named County	I do hereby attest to the fact that the
Mississippi Code of	wfully filed Homestead Exemption. 1972 and the taxpaver whose nam.	Application detailed above is needed above is needed application and the	ed to fully comply with Section 27 33 1 et seq e Board of Supervisors of this county have been
notified of this corre	ection		Desire of the country have been
		SIGNED	
(EOD A DELETIO	MTN		
(FOR A DELETION Being the duly elect		of Supervisors for the above name	d county I do hereby certify that the Board of
Supervisors of this	county has requested and approved	the DELETION of the lawfully file	d Homestead Exemption Application detailed above
nom ale supplemen	mer som er anowen exemption for t	ms county according to Section 27	33-1 et seq Mississippi Code of 1972
			- 1
	Witness my signature and	official seal. This theday	of
			11/1/-
	37	/b//di	10 - L. Kopu-
	~	SIGNED	
{			
FOR MSTC	APPROVED		REJECTED
USE ONLY	Why rejected		RESECTED
- I	may rejected		

	or the	
HOMESTEAD	EXEMPTION APPLICATION	1

	CORRECTION/DELETION of the STEAD EXEMPTION APPLICATION				FOR MSTC USE ONLY
1	(X)	CORRECTION	()	

Ь	ELETION (") CORRECT	'ION ()		
ENTER INFORMATION	EXACTLY AS IT APPEARS OF	THE ORIGINAL APPLICATION	COUNTY	CLAY	
ACCT NO			_	YEAR 2011	
NAME 1 WI	LLIAMS	CHARLES	T		
	name)	(first name)	(middle name)		(social security no)
FOR A CORRE	ECTION, ENTER C	NLY THE INFORM	ATION TO BE CORRECT	ED.	
FOR A DELET	TION, ENTER THE	INFORMATION EX	XACTLY AS ON THE ORI	GINAL APPLIC	ATION.
MUNICIPALIT	ΓΥ			SCHOOL DISTRICT_W	EST POINT
NAME 1 WIL	LIAMS C	HARLES	T	SSN_	
(LAST)		TS)	(MIDDLE)		
			AUDDI D	_ SSN	
(LAST)	(FI)	•	(MIDDLE)	EXEMPTION	ON CODE NO 2
ADDRESS3	3342 HWY 45 SO	UTH REET)		l Regula	ar 4 Dr Cert
WEST PO		MS	39773	2 Over 6	55 5 DAV 6 Comb Reg & Add
<u> </u>	TTY)	(STATE)	(ZIP)	- 3 Letter	o Comb Reg & Add
PARCEL NUM IF A PARCEL NUM LIST CORRECTED	BER IS TO BE CORRECTE	D DUE TO TYPOGRAPHIC	CAL ERROR	REASON FOI	R CORRECTION/DELETION
1 093-27-0				CHANGED T	TITLE TO PROPERTY
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AUTHORIZA	TION				
correction of this	horized agent of the St s lawfully filed Homes to of 1972 and the taxe	tead Exemption Applica	of the above named County I stron detailed above is needed t ars on said application and the E	to fully comply wit	th Section 27-33-1 et sea
		SIG	NED		
Substaisors of th	lected and/or acting Clus county has requeste nental Roll of allowed	and approved the DE exemption for this country signature and official	Dervisors for the above named of LETION of the lawfully filed Format according to Section 27 33-11 seal. This the	Iomestead Exempt 1 et seq Mississij	avode beliefeb gortextigg A nor
FOR MSTC USE ONLY	APPROVEI			REJECTED	

Why rejected _