

BE IT REMEMBERED that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, Mississippi, on the 6th day of February, 2012, at 9 00 a m and present were Lynn Horton, Luke Lummus, President, R. B Davis, Shelton Deanes, and Floyd McKee Also present were Amy G Berry, Clerk of the Board, Bob Marshall, Board Attorney, and Eddie Scott, Sheriff, when and where the following proceedings were as determined to wit,

No _____

**IN THE MATTER OF ADOPTING AND AMENDING THE AGENDA FOR THE
BOARD OF SUPERVISORS MEETING HELD ON FEBRUARY 6, 2012**

There came on this day for consideration the matter of adopting and amending the agenda for the Board of Supervisors meeting held on February 6, 2012

It appears to this Board the items listed below need to be added to the agenda for further consideration and discussion

- Request from the Chancery Clerk to approve rental contract for copier in vault and postage machine

After motion by Shelton Deanes and second by R B Davis this Board doth vote unanimously for the said items listed above to be added to the agenda for further consideration by this Board and that such agenda be approved as amended

SO ORDERED, this the 6th day of February, 2012



President

NO. _____

IN THE MATTER OF APPROVING THE CLAIMS DOCKET

There came on this day for consideration the matter of approving the claims docket.

It appears to this Board the following claims as listed in "Exhibit A" have been submitted for payment.

After motion by R. B Davis and second by Lynn Horton this Board doth vote unanimously to approve for payment the said claims listed in "Exhibit A"

SO ORDERED this the 6th day of February 2012

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President

Exhibit A

February Claims Docket txt

2/28/2012
11 11 10

CLAY COUNTY
CLAIMS SUMMARY FOR 2/2012
FOR THE PERIOD ENDED FEBRUARY 06, 2012

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APCSCPR

CLAIM #	VENDOR NAME	AMOUNT
2440	BEAU RIVAGE CASINO RESORT	1161 00
2452	PHILLIP'S HARDWARE	12 96
2453	WALMART COMMUNITY BRC	7 80
2454	ELECTRIC SALES & SERVICE, INC	680 34
2455	NEWELL PAPER COMPANY	113 20
2456	LANN CHEMICAL	8 20
2457	LANN CHEMICAL	41 00
2458	WALMART COMMUNITY BRC	4 88
2460	GLOBAL COMPUTER SUPPLIES	179 99
2461	CITY WATER & LIGHT DEPT	14443 12
2462	CITY WATER & LIGHT DEPT	759 14
2464	DEMENT PRINTING CO	2231 47
2466	ATMOS ENERGY	16 93
2467	ATMOS ENERGY	1022 45
2468	ATMOS ENERGY	368 52
2469	FOUR-COUNTY ELEC POWER ASSN	29 73
2471	FOUR-COUNTY ELEC POWER ASSN	34 89
2472	FOUR-COUNTY ELEC POWER ASSN	74 49
2473	SYSTRONIC TIME	280 00
2474	SYSTRONIC TIME	135 75
2475	MY OFFICE PRODUCTS, INC	70 50
2476	MY OFFICE PRODUCTS, INC	756 00
2477	WALMART COMMUNITY BRC	5 04
2478	WALMART COMMUNITY BRC	49 40
2479	WOOD FRUITTICHER GROCERY CO	3883 18
2480	US FOOD SERVICE	3109 79
2481	MERCHANT CO	2131 51
2482	KROGER	79 38
2483	GARY'S PAWN & GUN SHOP	15 00
2484	WHITE OIL CO , INC & TIRE CTR	1737 29
2485	WALMART COMMUNITY BRC	29 49
2486	PRECISION COMMUNICATIONS, INC	25 00
2487	GEORGE'S TIRE SERVICE	338 00
2488	WHITE OIL CO , INC & TIRE CTR	2053 70
2489	QUILL CORPORATION	216 65
2490	KELLOGG HARDWARE & APPLIANCE	35 96
2491	MY OFFICE PRODUCTS, INC	220 00
2492	MY OFFICE PRODUCTS, INC	115 00
2493	MY OFFICE PRODUCTS, INC	125 00
2494	MY OFFICE PRODUCTS, INC	38 00
2495	LEON MOWRY	400 00
2496	MY OFFICE PRODUCTS, INC	35 00
2497	MY OFFICE PRODUCTS, INC	102 00
2498	MY OFFICE PRODUCTS, INC	194 85
2499	CLAY COUNTY CO-OP	53 00
2500	MY OFFICE PRODUCTS, INC	384 00
2501	MY OFFICE PRODUCTS, INC	53 96
2502	MY OFFICE PRODUCTS, INC	318 36
2503	MY OFFICE PRODUCTS, INC	438 95
2504	MY OFFICE PRODUCTS, INC	35 00-
2505	SOUTHERN TELECOMMUNICATIONS	1197 28
2506	IHS PHARMACY	1006 46
2507	IHS PHARMACY	107 00
2508	IHS PHARMACY	79 98
2509	MY OFFICE PRODUCTS, INC	161 70
2510	MY OFFICE PRODUCTS, INC	141 80
2511	MY OFFICE PRODUCTS, INC	43 70-
2512	MY OFFICE PRODUCTS, INC	76 00-

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2513	MY OFFICE PRODUCTS, INC	43 70
2514	WEST POINT TV & APPLIANCE	135 00
2515	A-1 MAYTAG	76 95
2516	JIM'S AUTO PARTS, WEST POINT	17 98
2517	WALMART COMMUNITY BRC	48 22
2518	CASH & CARRY CLEANERS	11 00
2519	CASH & CARRY CLEANERS	11 00
2521	CITY WATER & LIGHT DEPT	589 56
2522	CITY WATER & LIGHT DEPT	104 88
2523	CITY WATER & LIGHT DEPT	1879 37
2524	CITY WATER & LIGHT DEPT	119 43
2525	AIRGAS SOUTH	286 50
2526	HASLER, INC	150 00
2527	IHS PHARMACY	470 21
2528	CLAY COUNTY MEDICAL CENTER	53 60
2529	XEROX CORPORATION	86 07
2530	IKON OFFICE SOLUTIONS	95 16
2531	LEE COUNTY JUVENILE CENTER	1980 00
2532	WALMART COMMUNITY BRC	78 84
2534	CITY WATER & LIGHT DEPT	346 07
2535	CITY WATER & LIGHT DEPT	920 33
2536	CITY WATER & LIGHT DEPT	194 99
2537	CITY WATER & LIGHT DEPT	563 77
2538	ATMOS ENERGY	447 58
2539	FOUR-COUNTY ELEC POWER ASSN	32 78
2543	LOWE'S HOME CENTER, INC	75 76
2544	WEST POINT TV & APPLIANCE	30 00
2545	WALMART COMMUNITY BRC	13 26
2546	MY OFFICE PRODUCTS, INC	41 70
2553	FOUR-COUNTY ELEC POWER ASSN	45 39
2573	MY OFFICE PRODUCTS, INC	94 20
2574	MY OFFICE PRODUCTS, INC	108 77
2576	PHILLIP'S HARDWARE	903 12
2577	KELLOGG HARDWARE & APPLIANCE	14 99
2607	FAIR OIL COMPANY INC	47 28
2608	FAIR OIL COMPANY INC	350 04
2609	LEON MOWRY	100 00
2610	SUNFLOWER STORE	22 96
2611	FOUR-COUNTY ELEC POWER ASSN	79 66
2612	FOUR-COUNTY ELEC POWER ASSN	124 78
2615	KELCO SUPPLY CO	813 48
2616	MY OFFICE PRODUCTS, INC	17 00
2617	MY OFFICE PRODUCTS, INC	18 75
2618	MY OFFICE PRODUCTS, INC	18 75
2624	SHERWIN-WILLIAMS OF WEST POINT	121 64
2625	SHERWIN-WILLIAMS OF WEST POINT	521 88
2626	SHERWIN-WILLIAMS OF WEST POINT	26 38
2627	WALMART COMMUNITY BRC	174 60
2628	WALMART COMMUNITY BRC	86 76
2630	MY OFFICE PRODUCTS, INC	72 00
2631	MY OFFICE PRODUCTS, INC	25 75
2632	S E CHICKASAW WATER ASSOC	20 00
2633	CITY WATER & LIGHT DEPT	30 00
2634	MELISSA GRIMES	36 72
2635	IKON OFFICE SOLUTIONS	313 63
2636	U S NETWORK	199 95
2637	LAWRENCE PRINTING COMPANY, INC	251 09
2638	DELL MARKETING L P	93 96
2639	SAFEGUARD BUISNESS SYSTEMS	102 27
2640	NOLAND COMPANY	143 29
2641	DEMENT PRINTING CO	96 74
2642	CLAY COUNTY SCHOOL DISTRICT	101 51
2643	WEST POINT SCHOOLS	4365 13

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2644	CITY OF WEST POINT	1624 24
2673	WALMART COMMUNITY BRC	26 88
2674	DIXIE NET	59 95
2675	DIXIE NET	5 00
2680	GUEST BODY SHOP, LLC	45 00
2683	COBURN INSURANCE AGENCY, INC	6579 00
2685	CELLULAR SOUTH	456 29
2686	CASH & CARRY CLEANERS	11 00
2687	COMMUNITY COUNSELLING	95 00
2688	CELLULAR SOUTH	43 27
2689	CELLULAR SOUTH	42 26
2690	CELLULAR SOUTH	44 23
2691	DATA SYSTEMS MANAGEMENT, INC	2957 50
2693	TANYA WEST	900 00
2694	MISS SHERIFF'S ASSOCIATION	1000 00
2695	H D POSEY, D D S	969 96
2696	H D POSEY, D D S	905 06
2697	CLAY COUNTY MEDICAL CENTER	1686 16
2698	PREMIER RADIOLOGY	7 43
2699	EDMOND MILLER, JR, MD	500 00
2700	OCH PROFESSIONAL SERVICES	8 06
2701	W TODD SMITH MD	546 49
2702	ALLIANCE HEALTH CENTER	130 00
2703	MARY F WALDREP	80 00
2704	AUTO-CHLOR SYSTEMS	171 95
2705	GUEST BODY SHOP, LLC	65 00
2706	IKON OFFICE SOLUTIONS	38 70
2707	ITC DELTACOM, INC	853 44
2708	FOUR-COUNTY ELEC POWER ASSN	35 30
2710	FOUR-COUNTY ELEC POWER ASSN	55 47
2711	FOUR-COUNTY ELEC POWER ASSN	203 66
2712	FOUR-COUNTY ELEC POWER ASSN	33 42
2713	FOUR-COUNTY ELEC POWER ASSN	400 92
2717	BELLSOUTH	350 00
2732	MISSISSIPPI VITAL RECORDS	87 00
2733	KAY COGGINS, CFNP	95 00
2734	THOMAS MURRAY TUBB, ATTY	350 00
2736	KROGER	89 18
2737	KROGER	79 38
2738	WALMART COMMUNITY BRC	28 20
2740	WALMART COMMUNITY BRC	3 36
2741	WALMART COMMUNITY BRC	27 24
2742	CELLULAR SOUTH	49 99
2743	KELLOGG HARDWARE & APPLIANCE	27 83
2744	WALMART COMMUNITY BRC	10 48
2745	WALMART COMMUNITY BRC	123 71
2746	KROGER	98 00
2747	SAFEGUARD BUISNESS SYSTEMS	50 48
2748	UNIVERSITY SCREEN PRINT	218 91
2749	NEWELL PAPER COMPANY	988 30
2750	WHITE OIL CO , INC & TIRE CTR	1795 45
2751	INTEGRATED COMMUNICATION	245 00
2752	PRECISION COMMUNICATIONS, INC	375 00
2753	JIM'S AUTO PARTS, WEST POINT	183 36
2755	GLOBAL COMPUTER SUPPLIES	349 93
2756	PHILLIP'S HARDWARE	106 26
2757	MY OFFICE PRODUCTS, INC	32 95
2758	MY OFFICE PRODUCTS, INC	533 00
2759	QUILL CORPORATION	111 92
2760	BOARDTOWN TRADING POST	102 00
2761	STARKVILLE FORD MERCURY, INC	59 76
2762	MY OFFICE PRODUCTS, INC	99 36
2763	MY OFFICE PRODUCTS, INC	205 00

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2764	MY OFFICE PRODUCTS, INC	42 00
2765	GUEST BODY SHOP, LLC	5 00
2766	GUEST BODY SHOP, LLC	5 00
2767	GEORGE'S TIRE SERVICE	298 00
2769	WHITE OIL CO , INC & TIRE CTR	2064 40
2770	QUALITY AUTO SERVICE	800 00
2775	ORKIN- TUPELO, MS	41 47
2776	ORKIN- TUPELO, MS	44 94
2777	GALLOWAY-CHANDLER-MCKINNEY	4761 00
2778	CASH & CARRY CLEANERS	11 00
2779	CASH & CARRY CLEANERS	12 00
2780	CASH & CARRY CLEANERS	11 00
2781	CASH & CARRY CLEANERS	12 00
2782	CASH & CARRY CLEANERS	12 00
2783	MS STATE MEDICAL EXAMINER	150 00
2784	MS STATE MEDICAL EXAMINER	1000 00
2785	MS STATE MEDICAL EXAMINER	300 00
2789	MISS ASSOC OF SUPERVISORS	825 00
2790	MEEK & MEEK ATTORNEYS	1000 00
2791	CYNTHIA H ZELINKA	82 62
2792	LEE COUNTY JUVENILE CENTER	810 00
2793	LEIGH B PETTIT	30 00
2796	LUKE ROBINSON	125 00
2797	LUKE ROBINSON	125 00
2798	LUKE ROBINSON	125 00
2806	EDWARDS, STOREY, MARSHALL,	726 18
2807	GARY'S PAWN & GUN SHOP	25 99
2809	SILVER LEAF LANDSCAPE	395 00
2811	MY OFFICE PRODUCTS, INC	199 00
2812	MY OFFICE PRODUCTS, INC	39 00
2814	DEMENT PRINTING CO	149 49
2815	MY OFFICE PRODUCTS, INC	80 85
2816	MY OFFICE PRODUCTS, INC	126 50
2817	MY OFFICE PRODUCTS, INC	180 40
2818	MY OFFICE PRODUCTS, INC	39 45
2819	PERSONNEL CONCEPTS	50 90
2820	PERSONNEL CONCEPTS	50 90
2821	ASAP PRINTING	120 00
2822	ASAP PRINTING	40 00
2843	H SCOTT ROSS	375 00
2859	JIM'S AUTO PARTS, WEST POINT	241 14
2865	SILOAM WATER DISTRICT	20 00
2866	SILOAM WATER DISTRICT	23 15
2867	SILOAM WATER DISTRICT	20 00
2869	MELISSA GRIMES	36 72
2883	CELLULAR SOUTH	44 23
2884	CLAY CO DEPT /SOCIAL SERVICES	316 67
2885	CMRS-TMS	2000 00
2886	DISTRICT ATTORNEY'S OFFICE	175 00
2887	GOLDEN TRIANGLE AREA	1291 67
2888	INSURANCE ACCOUNT	1168 56
2889	HEALTH DEPT OF CLAY COUNTY	3791 67
2890	LENORA L PRATHER	350 00
2891	COMMUNITY COUNSELLING SERVICE	2000 00
2892	NATIONAL GUARD OF MISSISSIPPI	200 00
2893	RETARDED CHILDREN'S ASC	1416 67
2894	UNITED POSTAL SERVICE	625 00
2895	VICTIM WITNESS PROGRAM	980 03
2897	TEC	77 20
2898	SHELL FLEET PLUS	492 27
2900	R J YOUNG COMPANY	32 00
2901	R J YOUNG COMPANY	120 00
2902	XEROX CORPORATION	10 00

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2903	ATMOS ENERGY	305 56	
2904	ATMOS ENERGY	164 87	
2905	ATMOS ENERGY	144 72	
2906	CARRIE KIMBROUGH	69 36	
2907	VICTIM WITNESS PROGRAM	299 22	
2908	DRUG FREE WORKPLACES, INC	69 00	
2909	DRUG FREE WORKPLACES, INC	103 00	
2910	MEEK & MEEK ATTORNEYS	64 00	
2911	DRUG FREE WORKPLACES, INC	59 00	
2912	PREMIUM SPRING WATER SERVICE	23 00	
2913	CASH & CARRY CLEANERS	12 00	
2914	B & M COMMUNICATIONS/1-STOP	21 23	
2915	ONE BEACON INSURANCE	1275 00	
2917	AMY G BERRY - FEES	1133 00	
2918	AMY G BERRY - FEES	33 00	
2919	AMY G BERRY - FEES	11 00	
2920	AMY G BERRY - FEES	11 00	
2921	AMY G BERRY - FEES	11 00	
2922	ADMINISTRATIVE OFFICE OF COURT	5150 58	
2923	NORTH MS MEDICAL CLINIC	208 00	
2924	NORTH MS MEDICAL CLINIC	290 00	
2926	MISS CIRCUIT CLERK'S ASSOC	500 00	
2929	MICHELLE EASTERLING	350 00	
2930	GOLDEN TRIANGLE WATER	25 00	
2931	ATMOS ENERGY	175 91	
2932	FEDERAL EXPRESS CORP	75 36	
2933	J E VANCE & COMPANY, PA	8000 00	
2935	IKON OFFICE SOLUTIONS	93 91	
2936	LEXIS NEXIS RISK DATA MNGTMENT	465 00	
2937	NATIONAL SHERIFFS' ASSOC	100 00	
2939	STATE TREASURER FND #3601,#601	224 00	
2940	MARY SMITH FNP	83 56	
2943	RANDOLPH W JONES	884 80	
2944	CASH & CARRY CLEANERS	12 00	
2945	CASH & CARRY CLEANERS	11 00	
2946	COMMUNITY COUNSELLING	95 00	
2947	MICHELLE EASTERLING	200 00	
2948	AMY G BERRY - FEES	96 00	
2949	GEORGE T BUCK, III	350 00	
2951	STEPHEN SMITH	95 00	
2953	GOLDEN TRIANGLE PL & DEV DIST	6826 00	
2954	SALLY KATE WINTERS FAMILY SVCS	5000 00	
2955	WEST POINT CLAY COUNTY	1250 00	
2958	HANCOCK BANK	1200 69	
2961	HANCOCK BANK	135 07	
2962	HANCOCK BANK	105 54	
2968	LOCAL GOVERNMENT RECORDS OFFIC	1046 50	
*~	FUND TOTALS *** 001 GENERAL COUNTY		154643 21
2786	SANDERS & ASSOCIATES	1000 00	
2787	SANDERS & ASSOCIATES	2000 00	
2788	SANDERS & ASSOCIATES	6000 00	
~**	FUND TOTALS *** 013 UTILIZATION		9000 00
2808	CHRIS REED	1300 00	VOIDED
*	FUND TOTALS ~** 035 TRIAD GRANT % SHERIFF'S DEPT		
2520	COMCAST CABLE	63 51	
2692	MAE BREWER	400 00	
2810	SAM'S CLUB	1041 94	
2934	COMCAST CABLE	63 51	
***	FUND TOTALS ~* 040 SHERIFF'S INMATE CANTEEN		1568 96

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2970 TOMBIGBEE REGIONAL LIBRARY	14712 11	
*** FUND TOTALS *** 095 SPECIAL LIBRARY LEVY		14712 11
2459 WALMART COMMUNITY BRC	11 33	
2465 MY OFFICE PRODUCTS, INC	69 00	
2533 SOUTHERN TELECOMMUNICATIONS	224 34	
2613 GLOBAL COMPUTER SUPPLIES	189 99	
2614 GLOBAL COMPUTER SUPPLIES	369 99	
2629 CUSTOM PRODUCTS CORPORATION	558 75	
2735 BELLSOUTH	2700 00	
2739 WALMART COMMUNITY BRC	190 64	
2754 CITY OF WEST POINT	20 00	
2771 CUSTOM PRODUCTS CORPORATION	104 92	
2870 ESRI	400 00	
2927 TEC	60	
2938 STATE TREASURER FND #3601,#601	224 00	
2956 FIRST CONTINENTAL LEASING	4232 69	
*** FUND TOTALS *** 097 E911 FUND		9296 25
2795 WEST GROUP PAYMENT CENTER	401 43	
*** FUND TOTALS *** 104 LAW LIBRARY		401 43
2684 CELLULAR SOUTH	61 90	
2774 CINDY TIDWELL	600 00	
2813 MY OFFICE PRODUCTS, INC	128 00	
*** FUND TOTALS *** 112 DRUG COURT - AOC GRANT		789 90
2676 DIXIE NET	19 95	
*** FUND TOTALS *** 114 VOLUNTEER FIRE DEPARTMENT		19 95
2957 MS DEVELOPMENT AUTHORITY	1479 25	
*** FUND TOTALS *** 116 INSURANCE REBATE MONIES		1479 25
2896 WEST POINT/CLAY CO GROWTH ALLI	8333 33	
2952 MS DEVELOPMENT AUTHORITY	5545 98	
*** FUND TOTALS *** 138 TVA BRIDGE BOND MONEY		13879 31
2560 JIM'S AUTO PARTS, WEST POINT	34 90	
2561 CLAY COUNTY CO-OP	19 90	
2562 CLAY COUNTY CO-OP	5 99	
2563 CARQUEST AUTO PARTS, INC	27 15	
2564 CARQUEST AUTO PARTS, INC	57 48	
2565 CARQUEST AUTO PARTS, INC	8 28	
2566 KELLOGG HARDWARE & APPLIANCE	47 90	
2567 ARAMARK UNIFORM SERVICES INC	33 88	
2568 PHILLIP'S HARDWARE	16 12	
2569 ARAMARK UNIFORM SERVICES INC	33 88	
2570 G & O SUPPLY CO, INC	1412 16	
2571 PHILLIP'S HARDWARE	366 00	
2572 AT&T / QLT CONSUMER LEASE	21 95	
2587 FOUR-COUNTY ELEC POWER ASSN	41 41	
2588 GOLDEN TRIANGLE TIRE SVC LLC	165 00	
2589 TRAILBOSS TRAILERS, INC	153 00	
2590 JIM'S AUTO PARTS, WEST POINT	58 81	
2591 CLAY COUNTY CO-OP	15 03	
2592 CLAY COUNTY CO-OP	10 68	
2593 CLAY COUNTY CO-OP	26 45	
2594 CARQUEST AUTO PARTS, INC	52 40	
2595 CARQUEST AUTO PARTS, INC	47 02	
2596 CARQUEST AUTO PARTS, INC	25 43	
2597 KELLOGG HARDWARE & APPLIANCE	7 98	
2598 KELLOGG HARDWARE & APPLIANCE	41 90	
2599 KELLOGG HARDWARE & APPLIANCE	12 99	

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2600 FAIR OIL COMPANY INC	276 64	
2601 ARAMARK UNIFORM SERVICES INC	33 88	
2602 CARQUEST AUTO PARTS, INC	38 14	
2603 ARAMARK UNIFORM SERVICES INC	33 88	
2604 IVY SAW & MOWER	25 80	
2605 SOUTHERN TELECOMMUNICATIONS	32 45	
2606 FOUR-COUNTY ELEC POWER ASSN	57 04	
2681 SAMMIE MCNEEL	480 00	
2799 CITY WATER & LIGHT DEPT	40 61	
2800 CELLULAR SOUTH	271 88	
2802 CARQUEST AUTO PARTS, INC	47 90	
2803 CARQUEST AUTO PARTS, INC	6 06	
2804 CLAY COUNTY CO-OP	5 99	
2805 JIM'S AUTO PARTS, WEST POINT	5 39	
2928 WILLIE KELLEY	485 00	
2941 TEC	2 55	
*** FUND TOTALS *** 151 DISTRICT 1 ROAD		4586 90
2547 G & O SUPPLY CO, INC	411 60	
2548 BACCO MATERIALS, INC	391 38	
2549 CINTAS	73 50	
2551 ATMOS ENERGY	227 50	
2552 FOUR-COUNTY ELEC POWER ASSN	188 04	
2554 SOUTHERN TELECOMMUNICATIONS	27 49	
2555 AIRGAS SOUTH	93 77	
2557 CUSTOM PRODUCTS CORPORATION	471 00	
2558 CUSTOM PRODUCTS CORPORATION	263 64	
2709 FOUR-COUNTY ELEC POWER ASSN	57 04	
2727 GEORGE'S TIRE SERVICE	206 00	
2729 PHILLIP'S HARDWARE	64 30	
2730 PHILLIP'S HARDWARE	7 12	
2731 PHILLIP'S HARDWARE	19 95	
2834 CARQUEST AUTO PARTS, INC	17 95	
2853 JIM'S AUTO PARTS, WEST POINT	89 94	
2854 JIM'S AUTO PARTS, WEST POINT	42 50	
2855 JIM'S AUTO PARTS, WEST POINT	1 99	
2856 JIM'S AUTO PARTS, WEST POINT	88 56	
2857 JIM'S AUTO PARTS, WEST POINT	2 78	
2858 JIM'S AUTO PARTS, WEST POINT	8 88	
2860 JIM'S AUTO PARTS, WEST POINT	49 14	
2861 JIM'S AUTO PARTS, WEST POINT	43 97	
2862 JIM'S AUTO PARTS, WEST POINT	118 21	
2863 JIM'S AUTO PARTS, WEST POINT	27 18	
2899 GOLDEN TRIANGLE WATER	25 00	
*** FUND TOTALS *** 152 DISTRICT 2 ROAD		3018 43
2451 JIM'S AUTO PARTS, WEST POINT	17 98	
2619 JIM'S AUTO PARTS, WEST POINT	214 87	
2620 JIM'S AUTO PARTS, WEST POINT	460 28	
2621 JIM'S AUTO PARTS, WEST POINT	250 00-	
2622 INMAN'S AUTO REPAIR	211 78	
2623 KELLOGG HARDWARE & APPLIANCE	48 76	
2646 FOUR-COUNTY ELEC POWER ASSN	76 00	
2647 FOUR-COUNTY ELEC POWER ASSN	57 04	
2648 SOUTHERN TELECOMMUNICATIONS	27 87	
2723 MIKE PEARSON / MIKE'S AUTO	290 00	
2724 TRI STATE TRUCK CENTER, INC	27 92	
2725 MITCHELL BUICK-PONTIAC & EQUIP	27 76	
2823 C & S AUTO ELECTRIC	60 00	
2824 C & S AUTO ELECTRIC	64 00	
2825 CELLULAR SOUTH	61 90	
2828 CLAY COUNTY CO-OP	111 28	
2833 FAIR OIL COMPANY INC	203 75	

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2844	JIM'S AUTO PARTS, WEST POINT	325 43	
2848	JIM'S AUTO PARTS, WEST POINT	10 99	
2849	JIM'S AUTO PARTS, WEST POINT	152 90	
2850	JIM'S AUTO PARTS, WEST POINT	19 99	
2851	JIM'S AUTO PARTS, WEST POINT	34 27	
2871	SILOAM WATER DISTRICT	20 00	
2959	BANCORP SOUTH	436 07	
2960	TRUSTMARK NATIONAL BANK	768 62	
***	FUND TOTALS *** 153 DISTRICT 3 ROAD		3479 46

2650	DC TIRE AND TRUCK	62 32	
2651	DC TIRE AND TRUCK	40 00	
2652	KNOX GROCERY LLC	5 98	
2653	FOUR-COUNTY ELEC POWER ASSN	62 87	
2654	FOUR-COUNTY ELEC POWER ASSN	57 04	
2655	SOUTHERN TELECOMMUNICATIONS	28 63	
2656	ARAMARK UNIFORM SERVICES INC	24 92	
2657	ARAMARK UNIFORM SERVICES INC	24 92	
2658	ARAMARK UNIFORM SERVICES INC	24 92	
2659	ARAMARK UNIFORM SERVICES INC	24 92	
2660	ARAMARK UNIFORM SERVICES INC	24 92	
2664	JIM'S AUTO PARTS, WEST POINT	32 29-	
2665	JIM'S AUTO PARTS, WEST POINT	7 15	
2666	JIM'S AUTO PARTS, WEST POINT	6 66	
2667	JIM'S AUTO PARTS, WEST POINT	99	
2668	JIM'S AUTO PARTS, WEST POINT	54 77	
2669	JIM'S AUTO PARTS, WEST POINT	45 49	
2670	JIM'S AUTO PARTS, WEST POINT	164 00	
2671	JIM'S AUTO PARTS, WEST POINT	70 91	
2672	JIM'S AUTO PARTS, WEST POINT	65 10	
2872	CELLULAR SOUTH	61 90	
2873	COBURN INSURANCE AGENCY, INC	595 00	
2874	FOUR-COUNTY ELEC POWER ASSN	151 46	
2875	SILOAM WATER DISTRICT	20 00	
2876	CALIFORNIA CONTRACTORS SUPPLY	184 00	
2877	JIM'S AUTO PARTS, WEST POINT	19 53	
2878	JIM'S AUTO PARTS, WEST POINT	126 00	
2879	JIM'S AUTO PARTS, WEST POINT	5 49	
2880	JIM'S AUTO PARTS, WEST POINT	34 98	
2881	JIM'S AUTO PARTS, WEST POINT	15 98	
2882	JIM'S AUTO PARTS, WEST POINT	11 49	
2942	COVINGTON SALES & SERVICE INC	274 66	
2963	HANCOCK BANK	947 29	
***	FUND TOTALS *** 154 DISTRICT 4 ROAD		3212 00

2578	FOUR-COUNTY ELEC POWER ASSN	236 58	
2579	FOUR-COUNTY ELEC POWER ASSN	57 05	
2580	SOUTHERN TELECOMMUNICATIONS	26 79	
2581	FAIR OIL COMPANY INC	276 98	
2582	WALMART COMMUNITY BRC	5 97	
2583	THOMPSON MACHINERY	56 94	
2584	OLD COUNTRY STORE	55 25	
2585	TRUCK CENTER INC	320 00	
2649	SUN CREEK WATER ASSN	14 00	
2714	TERRY'S GARAGE, INC	29 90	
2715	TERRY'S GARAGE, INC	106 17	
2716	TERRY'S GARAGE, INC	159 80	
2718	CHICKASAW EQUIPMENT CO	498 39	
2721	KELLOGG HARDWARE & APPLIANCE	99 95	
2772	G & O SUPPLY CO, INC	1538 60	
2835	CARQUEST AUTO PARTS, INC	27 45	
2836	CARQUEST AUTO PARTS, INC	4 61	
2840	CARQUEST AUTO PARTS, INC	4 80	

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February Claims Docket txt

2841 CARQUEST AUTO PARTS, INC	233 39	
2852 JIM'S AUTO PARTS, WEST POINT	78 52	
*** FUND TOTALS *** 155 DISTRICT 5 ROAD		3831 14
2677 PRESTON DOBBS TRUCK SER &	2288 00	
2801 COBURN INSURANCE AGENCY, INC	595 00	
*** FUND TOTALS *** 161 DISTRICT 1 BRIDGE		2883 00
2550 CINTAS	48 39	
2556 MS INDUSTRIAL WASTE DISPOSAL	83 25	
2559 COKER EQUIPMENT & MATERIALS	400 00	
2728 PHILLIP'S HARDWARE	14 32	
2773 G & O SUPPLY CO, INC	1137 33	
2826 CELLULAR SOUTH	50 35	
2827 CLAY COUNTY CO-OP	69 95	
2831 COBURN INSURANCE AGENCY, INC	595 00	
2832 PRESTON DOBBS TRUCK SER &	1584 00	
2864 CITY WATER & LIGHT DEPT	17 00	
~ FUND TOTALS * 162 DISTRICT 2 BRIDGE		3999 59
2645 ORMAN'S WELDING & FAB ,INC	299 60	
2722 MIKE PEARSON / MIKE'S AUTO	316 82	
2830 COBURN INSURANCE AGENCY, INC	595 00	
~ FUND TOTALS * 163 DISTRICT 3 BRIDGE		1211 42
2661 GEORGE'S TIRE SERVICE	382 00	
2662 DC TIRE AND TRUCK	677 00	
2663 G & O SUPPLY CO, INC	769 30	
~ FUND TOTALS * 164 DISTRICT 4 BRIDGE		1828 30
2586 WHITE OIL CO , INC & TIRE CTR	12398 46	
2678 CELLULAR SOUTH	62 91	
2679 COBURN INSURANCE AGENCY, INC	595 00	
2719 JIM'S AUTO PARTS, WEST POINT	338 33	
2720 WALMART COMMUNITY BRC	23 60	
2837 CARQUEST AUTO PARTS, INC	36 19	
2838 CARQUEST AUTO PARTS, INC	26 66	
2839 CARQUEST AUTO PARTS, INC	42 40	
2842 CARQUEST AUTO PARTS, INC	96 08	
*** FUND TOTALS ~** 165 DISTRICT 5 BRIDGE		13619 63
2925 FIRST NAT'L BANK OF CLARKSDALE	2582 25	
~ FUND TOTALS * 212 DHS BUILDING B & I		2582 25
2442 HENSON CONSTRUCTION CO , INC	47500 00	
2916 EDWARDS,STOREY,MARSHALL,	700 00	
~ FUND TOTALS * 310 DTL BUILDING CONSTRUCTION FUND 2011		48200 00
2443 PHILLIP'S HARDWARE	12 96	
2444 PHILLIP'S HARDWARE	119 56	
2445 H & O TRUCK & TRAILER REPAIR	11 04	
2446 H & O TRUCK & TRAILER REPAIR	176 23	
2447 H & O TRUCK & TRAILER REPAIR	39 27	
2448 DC TIRE AND TRUCK	25 00	
2449 CLAY COUNTY CO-OP	96 75	
2450 JIM'S AUTO PARTS, WEST POINT	20 93	
2463 WHITE OIL CO , INC & TIRE CTR	7412 60	
2470 FOUR-COUNTY ELEC POWER ASSN	51 08	
2540 PHILLIP'S HARDWARE	69 06	
2541 PHILLIP'S HARDWARE	47 80	
2542 CARQUEST AUTO PARTS, INC	16 18	
2575 PHILLIP'S HARDWARE	47 80	
2682 COBURN INSURANCE AGENCY, INC	595 00	

February Claims Docket txt

2726 PHILLIP'S HARDWARE	34 60	
2768 INMAN'S AUTO REPAIR	1235 64	
2794 GOLDEN TRIANGLE PL & DEV DIST	2809 28	
2829 CLAY COUNTY CO-OP	17 99	
2845 JIM'S AUTO PARTS, WEST POINT	139 98	
2846 JIM'S AUTO PARTS, WEST POINT	18 98	
2847 JIM'S AUTO PARTS, WEST POINT	37 27	
2868 SILOAM WATER DISTRICT	20 00	
2950 GTR SOLID WASTE MGMT AUTHORITY	3797 96	
*** FUND TOTALS *** 400 SANITATION		16852 96
2971 GOLDEN TRIANGLE CRIME STOPPERS	99 00	
2972 MS DEPT OF PUBLIC SAFETY	365 00	
2973 MS DEPT OF PUBLIC SAFETY	80 00	
2974 STATE TREASURER	12143 00	
*** FUND TOTALS *** 650 JUDICIAL ASSESSMENT CLEARING FUND		12687 00
2441 GENERAL COUNTY FUND	12 28	
*** FUND TOTALS *** 687 INSURANCE CLEARING		12 28
2966 EAST MS COMMUNITY COLLEGE	37002 23	
*** FUND TOTALS *** 690 EMJC MAINTENANCE		37002 23
2967 EAST MS COMMUNITY COLLEGE	36 20	
*** FUND TOTALS *** 691 10 YEAR PLEDGE		36 20
2964 EAST MISS COMMUNITY COLLEGE	20834 20	
*** FUND TOTALS *** 697 VO-TECH MAINTENANCE		20834 20
2965 EAST MISS COMMUNITY COLLEGE	17361 67	
*** FUND TOTALS *** 698 VO-TECH CAPITAL		17361 67
2969 TOMBIGBEE RIVER WTR MGMT DIST	23106 87	
*** FUND TOTALS *** 699 TOMBIGBEE RIVER VALLEY WATER MGMT DIST		23106 87
*** DOCKET TOTALS ***		426135 90

I CERTIFY THAT THE BOARD HAS EXAMINED EACH CLAIM ON THE FEBRUARY, 2012 DOCKET AND THE BILLS THEY REPRESENT AND FINDS EACH OF THE ABOVE DUE AND PAYABLE AND DIRECT THE CLERK TO ISSUE WARRANTS ON THE RESPECTIVE FUNDS THIS THE 06TH DAY OF FEBRUARY 2012

Luke Lunn

PRESIDENT

No. _____

**IN THE MATTER OF AUTHORIZING PAYMENT TO RANDY JONES, FLOOD
PLAIN COORDINATOR**

There came on this day for consideration the matter of authorizing payment to Randy Jones, Flood Plain Coordinator

It appears to this Board Randy Jones, Flood Plain Coordinator for Clay County, has submitted an invoice as attached for payment in the amount of \$884.80 for Flood Plain services performed for Clay County

After motion by R. B. Davis and second by Floyd McKee this Board doth vote unanimously to pay the said claim to Randy Jones

SO ORDERED, this the 6th day of February, 2012

President

88

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**Invoice for Clay County Floodplain Administration
 Randolph W Jones
 January 2, 2012 – February 5, 2011**

**Clay County Board of Supervisors
 Attn The Honorable Luke Lummus, President
 P O Box 815
 West Point, MS 39773**

ITEM	HOURS	*MILEAGE	TOTAL
01/04/12 Conference research, travel, letter Shereka Henley (Jim Randle) 12539 Jim Randle Drive, Prairie MS 39756	1 0 @ \$15 00=\$15 00 1 0 @ \$30 00=\$30 00	See Attachment	\$45 00
01/04/12 Conference research, travel, letter Mavis Mitchell (William & Inez Daniels) 725 Herman Shirley Road, West Point, MS 39773	1 0 @ \$15 00=\$15 00 1 0 @ \$30 00=\$30 00	See Attachment	\$45 00
01/04/12 Conference research, travel, letter Eddie Harpole (Wayne Harpole) 4815 Henryville Road, Pheba, MS 39755	1 0 @ \$15 00=\$15 00 1 0 @ \$30 00=\$30 00	See Attachment	\$45 00
01/04/12 Conference research, travel, letter Charlene Rios, 584 Barton Ferry Road, West Point, MS 39773	1 0 @ \$15 00=\$15 00 1 0 @ \$30 00=\$30 00	See Attachment	\$45 00
01/05/12 Conference research, travel, letter Jennifer Allen (Walter Quinn) 109192 Hwy 50 West, Cedar Bluff, MS 39741	1 0 @ \$15 00=\$15 00 1 0 @ \$30 00=\$30 00	See Attachment	\$45 00
01/10/12 Conference research, travel, letter Renea Johnson (Charles Gibbs) 3794 Melton Bottom Road, West Point, MS 39773	1 0 @ \$15 00=\$15 00 1 0 @ \$30 00=\$30 00	See Attachment	\$45 00
01/18/12 Conference research, travel, letter Billy Barnette 1177 Highway 50 West, West Point, MS 39773	1 0 @ \$15 00=\$15 00 1 0 @ \$30 00=\$30 00	See Attachment	\$45 00
01/19/12 Conference research, travel, letter James B & Sarah Anne Easter Jr 9690 Blake Road, Cedar Bluff, MS 39741	1 0 @ \$15 00=\$15 00 2 0 @ \$30 00=\$60 00	See Attachment	\$75 00
01/20/12 Conference research, travel, letter Jon & Kate Oswalt, 636 Meadowbrook Circle, West Point, MS 39773	1 0 @ \$15 00=\$15 00 2 0 @ \$30 00=\$60 00	See Attachment	\$75 00
01/24/12 Conference research, travel, letter Joe Chandler 5132 George Walker Road, West Point, MS 39773	0 5 @ \$15 00=\$ 7 50 0 0 @ \$30 00=\$00 00	See Attachment	\$7 50
02/01/12 Conference research, travel, letter Elaine Hughes (Alex Harper Estate) 6680 Harper Road, West Point, MS 39773	1 0 @ \$15 00=\$15 00 2 0 @ \$30 00=\$60 00	See Attachment	\$75 00
02/01/12 Conference research, travel, letter Christy Thompson (Steven Wilson) 2385 Henryville Road, Cedar Bluff, MS 39741	1 0 @ \$15 00=\$15 00 1 0 @ \$30 00=\$30 00	See Attachment	\$45 00
02/03/12 Conference, research, travel, letter Darlene Avant 22513 Berry Road, Maben, MS 39750	1 0 @ \$15 00=\$15 00 1 0 @ \$30 00=\$30 00	See Attachment	\$45 00
01/02/12 – 01/02/01 Driving time, distribution copies for Board of Supervisors/Tax Assessor/Property Owners/MEMA, and prepare reports & invoice for Supervisors	4 5 @ \$15 00=\$67 50 4 0 @ \$30 00=\$120 00	149 5 @ \$0 40=\$59 80	\$247 30
TOTALS	\$825.00	\$59.80	\$884.80

¹ Local driving time for county floodplain administration billed at half technical/research rate. Copies of correspondence, research, and letters are attached.

Respectfully Submitted 

Please mail to **RWJ Consulting, LLC
 P O Box 0184
 West Point, Mississippi 39773**

Thank You!

No _____

IN THE MATTER OF AUTHORIZING PAYMENT TO HENSON CONSTRUCTION

There came on this day for consideration the matter of authorizing payment to Henson Construction

It appears to this board Henson Construction has submitted application no 1 as for payment in the amount of \$47,500 00 for contractor services performed on the Daily Times Leader Building Renovation Project

After motion by R. B Davis and second by Floyd McKee this Board doth vote unanimously to pay the said claim to Henson Construction.

SO ORDERED, this the 6th day of February, 2012



President

358

535

COLUMBUS OFFICE
P O Box 167
5227 South Frontage Rd
Columbus, MS 39703-0167
Phone (662) 327-8990
Fax (662) 327-8991



TUPELO OFFICE
P O Box 7066
1150 South Green St , Suite F
Tupelo, MS 38802-7066
Phone (662) 840-8062
Fax (662) 840-8092

January 26, 2012

Amy Berry
Clay County Board of Supervisors
P O Box 815
West Point, MS 39773

RECEIVED ON THIS DATE

JAN 30 2012

Clay Co. Chancery Office

RE 2009162
Daily Times Leader Building
West Point, Mississippi

Dear Ms Berry,

Enclosed are three (3) certified copies of Application and Certificate for Payment No 1 in the amount of \$47,500 00 We recommend this application be processed for the amount requested

Sincerely,

Roger A Pryor, AIA
Pryor & Morrow Architects and Engineers, P A

Enclosures

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ROGER A PRYOR, AIA • JOHN C MORROW, AIA • RUD B ROBISON, JR , AIA
www.pryor-morrow.com

AIA Document G702™ – 1992

Application and Certificate for Payment

TO OWNER	Clay County Board of Supervisors 205 Court St West Point MS 39773	PROJECT	Daily Times Leader Building 227 Court St	APPLICATION NO	001	Distribution to	
FROM		VIA		PERIOD TO	January 24 2012	OWNER	<input checked="" type="checkbox"/>
CONTRACTOR	Henson Construction Co Inc 715 Airport Rd West Point, MS 39773	ARCHITECT	Pryor & Morrow 5227 South Frontage Rd Columbus MS 39703	CONTRACT FOR	Renovatons	ARCHITECT	<input checked="" type="checkbox"/>
				CONTRACT DATE	January 9 2012	CONTRACTOR	<input checked="" type="checkbox"/>
				PROJECT NOS	2009162 / /	FIELD	<input type="checkbox"/>
						OTHER	<input type="checkbox"/>

CONTRACTOR'S APPLICATION FOR PAYMENT

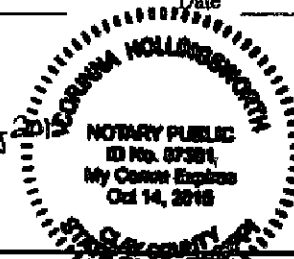
Application is made for payment, as shown below, in connection with the Contract AIA Document G703™ Continuation Sheet, is attached

1 ORIGINAL CONTRACT SUM	\$	225,400
2 NET CHANGE BY CHANGE ORDERS	\$	0
3 CONTRACT SUM TO DATE (Line 1 ± 2)	\$	225,400
4 TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	50,000
5 RETAINAGE		
a <u>5</u> % of Completed Work (Columns D + E on G703)	\$	2,300
b _____ % of Stored Material (Column F on G703)	\$	200
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$	2,500
6 TOTAL EARNED LESS RETAINAGE (Line 4 minus Line 5 Total)	\$	47,500
7 LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	0
8 CURRENT PAYMENT DUE	\$	47,500
9 BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 minus Line 6)	\$	175,400

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$	\$
Total approved this month	\$	\$
TOTAL	\$	\$
NET CHANGES by Change Order	\$	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner and that current payment shown herein is now due

CONTRACTOR
By [Signature] Date January 24, 2012
State of Mississippi
County of Clay
Subscribed and sworn to before me this 24th day of January
Notary Public Conna HOLLINGSWORTH
My commission expires Oct 14, 2015



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contract or is entitled to payment of the AMOUNT CERTIFIED

AMOUNT CERTIFIED
(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified)
\$ 47,500

ARCHITECT
By [Signature] Date 01-26-12

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

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AIA Document G703™ - 1992

Continuation Sheet

AIA Document G702™-1992 Application and Certification for Payment, or G736™-2009
 Project Application and Project Certificate for Payment Construction Manager as Adviser Edition
 containing Contractor's signed certification is attached
 In tabulations below amounts are stated to the nearest dollar
 Use Column I on Contracts where variable retainage for line items may apply

APPLICATION NO 002
 APPLICATION DATE January 24, 2012
 PERIOD TO January 24, 2012
 ARCHITECT'S PROJECT NO 2009162

A ITEM NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (Not in D or E)	G		H BALANCE TO FINISH (C - G)	I RETAINAGE (If variable rate)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G + C)		
1	General Conditions/Mobilization	24,000	0	24,000	0	24,000	100	0	1,200
2	Demolition	8,500	0	8,000	0	8,000	95	500	400
3	Conc Slab Patch Pads	12,600	0	0	0	0	0	12,600	0
4	Rough Capentry	27,600	0	7,000	4,000	11,000	40	16,600	550
5	Insulation/Sound Proofing	4,250	0	0	0	0	0	4,250	0
6	Drywall & Acoustical Ceilings	17,470	0	0	0	0	0	17,470	0
7	Interior Trim	17,100	0	0	0	0	0	17,100	0
8	Floor Covering & Base	8,130	0	0	0	0	0	8,130	0
9	HC Ramp	6,600	0	0	0	0	0	6,600	0
10	Electrical & Lighting	30,250	0	0	0	0	0	30,250	0
11	HVAC	30,000	0	0	0	0	0	30,000	0
12	Plumbing	16,500	0	6,000	0	6,000	37	10,500	300
13	Ceramic Interior/Exterior	10,000	0	0	0	0	0	10,000	0
14	Exterior Finish	4,500	0	0	0	0	0	4,500	0
15	Clean Up	2,900	0	1,000	0	1,000	35	1,900	50
16	Latent Conditions	5,000	0	0	0	0	0	5,000	0
GRAND TOTAL		225,400	0	46,000	4,000	50,000	23	175,400	2,500

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MA 1/24/12

Henson Construction Co Inc
715 Airport Rd
West Point, MS 39773
Phone 662-494-6131
Fax 662-494-9359

DTL Schedule of Work January 24, 2012

01/24/2012	Complete 1 st and 2 nd floor demolition Saw cuts for plumbing and footings	Rough frame walls in east ½ complete West ½ prepared for concrete	Plumbing rough in complete
02/03/2012	Concrete in West ½ of Bldg	Rough Carpentry in West ½ of Building	
02/10/2012	Install T&G flooring on 2 nd floor	Rough in HVAC	Rough in Electrical Stack out Plumbing
02/17/2012	Install wall insulation	Hang & Finish Sheetrock	Form & Place concrete for Handicap ramps
03/03/2012	Paint Exterior of Building		


Mike Henson

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Henson Construction Co Inc
715 Airport Rd
West Point, MS 39773
Phone 662-494-6131
Fax 662-494-9359

January 24, 2012

No contract extension is needed at this time



Mike Henson

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Application and Certificate for Payment

TO OWNER	Clay County Board of Supervisors 205 Court St West Point, MS 39773	PROJECT	Daily Times Leader Building 227 Court St	APPLICATION NO	001	Distribution to	
FROM CONTRACTOR	Henson Construction Co Inc 715 Airport Rd West Point, MS 39773	VIA ARCHITECT	Pryor & Morrow 5227 South Frontage Rd Columbus, MS 39703	PERIOD TO	January 24 2012	OWNER	<input checked="" type="checkbox"/>
				CONTRACT FOR	Renovations	ARCHITECT	<input checked="" type="checkbox"/>
				CONTRACT DATE	January 9 2012	CONTRACTOR	<input checked="" type="checkbox"/>
				PROJECT NOS	2009162 / /	FIELD	<input type="checkbox"/>
						OTHER	<input type="checkbox"/>

CONTRACTOR'S APPLICATION FOR PAYMENT

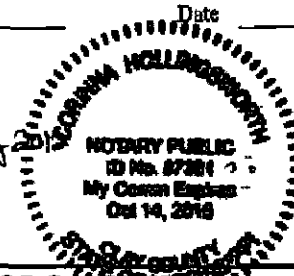
Application is made for payment, as shown below, in connection with the Contract AIA Document G703™, Continuation Sheet, is attached

1 ORIGINAL CONTRACT SUM	\$	225,400
2 NET CHANGE BY CHANGE ORDERS	\$	0
3 CONTRACT SUM TO DATE (Line 1 ± 2)	\$	225,400
4 TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	50,000
5 RETAINAGE		
a 5% of Completed Work (Columns D + E on G703)	\$	2,300
b % of Stored Material (Column F on G703)	\$	200
Total Retainage (Lines 5a + 5b, or Total in Column I of G703)	\$	2,500
6 TOTAL EARNED LESS RETAINAGE (Line 4 minus Line 5 Total)	\$	47,500
7 LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	0
8 CURRENT PAYMENT DUE	\$	47,500
9 BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 minus Line 6)	\$	175,400

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$	\$
Total approved this month	\$	\$
TOTAL	\$	\$
NET CHANGES by Change Order	\$	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due

CONTRACTOR
By [Signature] Date January 24, 2012
State of Mississippi
County of Clay
Subscribed and sworn to before me this 24th day of January 2012
Notary Public Conner Hollingsworth
My commission expires Oct 14, 2015



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on site observations and the data comprising this application the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents and the Contract or is entitled to payment of the AMOUNT CERTIFIED

AMOUNT CERTIFIED \$ 47,500
(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT
By [Signature] Date 01-26-12

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

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Continuation Sheet

AIA Document G702™-1992, Application and Certification for Payment, or G736™-2009
 Project Application and Project Certificate for Payment Construction Manager as Adviser Edition
 containing Contractor's signed certification is attached
 In tabulations below amounts are stated to the nearest dollar
 Use Column I on Contracts where variable retainage for line items may apply

APPLICATION NO 002
 APPLICATION DATE January 24, 2012
 PERIOD TO January 24, 2012
 ARCHITECT'S PROJECT NO 2009162

A ITEM NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (Not in D or E)	G		H BALANCE TO FINISH (C - G)	I RETAINAGE (If variable rate)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G + C)		
1	General Conditions/Mobilization	24,000	0	24,000	0	24,000	100	0	1,200
2	Demolition	8,500	0	8,000	0	8,000	95	500	400
3	Conc Slab, Patch Pads	12,600	0	0	0	0	0	12,600	0
4	Rough Capentry	27,600	0	7,000	4,000	11,000	40	16,600	550
5	Insulation/Sound Proofing	4,250	0	0	0	0	0	4,250	0
6	Drywall & Acoustical Ceilings	17,470	0	0	0	0	0	17,470	0
7	Interior Trim	17,100	0	0	0	0	0	17,100	0
8	Floor Covering & Base	8,130	0	0	0	0	0	8,130	0
9	HC Ramp	6,600	0	0	0	0	0	6,600	0
10	Electrical & Lighting	30,250	0	0	0	0	0	30,250	0
11	HVAC	30,000	0	0	0	0	0	30,000	0
12	Plumbing	16,500	0	6,000	0	6,000	37	10,500	300
13	Ceramic Interior/Exterior	10,000	0	0	0	0	0	10,000	0
14	Exterior Finish	4,500	0	0	0	0	0	4,500	0
15	Clean Up	2,900	0	1,000	0	1,000	35	1,900	50
16	Latent Conditions	5,000	0	0	0	0	0	5,000	0
GRAND TOTAL		225,400	0	46,000	4,000	50,000	23	175,400	2,500

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MKA 1/24/12

Henson Construction Co Inc
 715 Airport Rd
 West Point, MS 39773
 Phone 662-494-6131
 Fax 662-494-9359

DTL Schedule of Work January 24, 2012

01/24/2012	Complete 1 st and 2 nd floor demolition Saw cuts for plumbing and footings	Rough frame walls in east ½ complete West ½ prepared for concrete	Plumbing rough in complete
02/03/2012	Concrete in West ½ of Bldg	Rough Carpentry in West ½ of Building	
02/10/2012	Install T&G flooring on 2 nd floor	Rough in HVAC	Rough in Electrical Stack out Plumbing
02/17/2012	Install wall insulation	Hang & Finish Sheetrock	Form & Place concrete for Handicap ramps
03/03/2012	Paint Exterior of Building		


 Mike Henson

Henson Construction Co Inc
715 Airport Rd
West Point, MS 39773
Phone 662-494-6131
Fax 662-494-9359

January 24, 2012

No contract extension is needed at this time



Mike Henson

- 544

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BlueTarp Financial
PO BOX 105525
Atlanta GA 30348-5525

Carolyn Powell
Henson Construction
715 Airport Rd
West Point MS 39773

Customer Account # 49182
Invoice # G26273

Invoice Details		Purchase Location	
Date	01/16/2012	Name	New Home Building Stores Columbus
Job Code	DAILY TIME	Address	1701 Main St Columbus MS 39701
PO #	*	Phone	(662) 328-4451
Reference	ESTIMATE# 626254	Ship To	
Invoice Type	Sale	Name	MUST BE AT JOB AT 7 00 TUESDAY
Authorization #	12625025	Address	TO AVOID TRAFFIC
Terms	Standard		
Due Date	02/10/2012		
Amount Due	\$3,803 29		

SKU	Description	\$/Unit	Units	Total
SPFS10	SPRUCE P F STUDS 116 5/8 294PK	\$3 48	218 00	757 77
2414S	2X4-14 SPRUCE PREMIUM 294/PK	\$4 66	26 00	121 03
2416S	2X4-16 SPRUCE PREMIUM 294/PK	\$5 98	41 00	244 98
2416T	2X4-16 TREATED YELLOW PINE #1	\$6 50	25 00	162 58
2410T	2X4-10 TREATED YELLOW PINE #1	\$3 78	2 00	7 55
SPFS9	SPRUCE PFSTUD1045/8 364/PK	\$3 34	69 00	230 12
2610	2X6-10 YELLOW PINE #2 128/64/PK	\$3 60	81 00	291 52
2616	2X6-16 YELLOW PINE #2 128/64/PK	\$6 24	30 00	187 17
2608	2X6-8 YELLOW PINE #2 128/PK	\$2 63	27 00	71 04
2614	2X6-14 YELLOW PINE #2 128/PK	\$5 27	53 00	279 36
2614T	2X6-14 TREATED YELLOW PINE #1	\$8 18	3 00	24 53
2612	2X6-12 YELLOW PINE #2 128/64/PK	\$4 39	50 00	219 55
21210	2X12 - 10 #2 YP 64/PK	\$7 91	1 00	7 91
2810	2X8-10 YELLOW PINE #2 96/PK	\$4 92	91 00	447 63
2812	2X8-12 YELLOW PINE #2 PK 96/BNDL	\$5 98	6 00	35 85
2814	2X8-14 YELLOW PINE #2 96/PK	\$7 03	8 00	56 25
LB20	LAM-BEAM 20 3 1/8 X131/2	\$109 11	1 00	109 11
2618	2X6-18 YELLOW PINE #2 128/PK	\$7 38	2 00	14 77

Mail Payment To
BlueTarp Financial
PO BOX 105525
Atlanta GA 30348-5525

Questions? Call Customer Service at (888) 321 6698 Monday - Friday 7 a.m. to 8 p.m. and Saturday 8 a.m. to 5 p.m. (ET)
Or visit <http://www.bluetarp.com>

Customer Account # 49182
Invoice # G26273

SKU	Description	\$/Unit	Units	Total
2812T	2X8-12 TREATED YELLOW PINE #1	\$9 32	3 00	27 96
CD58	CD 5/8"(19/32)4'X8'PLYWOOD 58/PK	\$15 74	14 00	220 40
LUS26	2X6 JOIST HANGER	\$0 61	14 00	8 50
SPFS2610	2X6X116-5/8' PRE-CUT STUD (252 PK	\$5 71	46 00	262 71
DEL	DELIVERY CHARGE	\$15 00	1 00	15 00
1	THANK YOU FOR YOUR BUSINESS	\$0 00	1 00	00
			Sub Total	3 803.29
			Sales Tax	00
			Invoice Total	\$3,803.29

546

Questions? Call Customer Service at (888) 321-8698, Monday - Friday, 7 a.m. to 8 p.m. and Saturday, 8 a.m. to 5 p.m. (ET)
Or visit <http://www.bluetarp.com>

580



BlueTarp Financial
 PO BOX 105525
 Atlanta GA 30348-5525

Customer Account # 49182
 Invoice # G26909

Carolyn Powell
 Henson Construction
 715 Airport Rd
 West Point MS 39773

Invoice Details		Purchase Location	
Date	01/23/2012	Name	New Home Building Stores - Columbus
Job Code	DAILY TIME	Address	1701 Main St
PO #			Columbus MS 39701
Reference		Phone	(662) 328-4451
Invoice Type	Sale	Ship To	
Authorization #	12570968	Name	DAILY TIMES RENO
Terms	Standard	Address	
Due Date	02/10/2012		
Amount Due	\$122.18		

SKU	Description	\$/Unit	Units	Total
606	DUO-FAST 3"X 120 CLIPPED HEAD	\$59.99	2.00	119.98
DEL	DELIVERY CHARGE	\$10.00	1.00	10.00
1	THANK YOU FOR YOUR BUSINESS	\$0.00	1.00	00
		\$7.80	-1.00	-7.80
			Sub Total	122.18
			Sales Tax	00
			Invoice Total	\$122.18

Mail Payment To
 BlueTarp Financial
 PO BOX 105525
 Atlanta GA 30348-5525

Questions? Call Customer Service at (888) 321-6698 Monday - Friday, 7 a.m. to 8 p.m. and Saturday 8 a.m. to 5 p.m. (ET)
 Or visit <http://www.bluetarp.com>

548

NO _____


**IN THE MATTER OF AUTHORIZING PAYMENT TO NEEL SCHAFFER
ENGINEERING**

There came on this day for consideration the matter of authorizing payment to Neel Schaffer Engineering

It appears to this Board Neel Schaffer Engineering has submitted application no 999846 for payment in the amount of \$472 56 for engineering services performed on the Energy Efficiency Grant Project No 08491

After motion by R. B Davis and second by Floyd McKee this Board doth vote unanimously to pay the said claim to Neel Schaffer Engineering

SO ORDERED, this the 6th day of February, 2012



President

549

925

December 31, 2011

Project No NS 08491 000
Invoice No 999846

Clay County Board of Supervisors
R B Davis
P O Box 815
West Point MS 39773

Project NS 08491 000 EECBG Project

Professional Services from December 1, 2011 to December 31, 2011

Phase 001 EECBG Project
Fee

Total Fee 4 120 00

Percent Complete

84 11

Total Earned

3 465 33

Previous Fee Billing

2 992 77

Current Fee Billing

472 56

**FILED ON THIS DATE
CLAY COUNTY CHANCERY COURT**

Total Fee

472 56

JAN 24 2012

Total this Phase

\$472 56

Randy B. Berry
CHANCERY CLERK

Total this Invoice

\$472 56

Outstanding Invoices

Number	Date	Balance
996567	7/31/11	1 132 18
997298	8/31/11	1 181 20
Total		2,992 77

550

NO. _____

IN THE MATTER OF APPROVING TRAVEL FOR DEPUTY CIRCUIT CLERK

There came on this day for consideration the matter of approving travel for Deputy Circuit Clerk

It appears to this Board the Deputy Circuit Clerk, Layne Irvin, is needing to travel to Jackson to attend the 2012 Election Certification Training Make-Up session held on February 28-29 from 9 00 to 5 00

After motion by Lynn Horton and second by Shelton Deanes this Board doth vote unanimously to approve the said travel for Deputy Circuit Clerk, Layne Irvin

SO ORDERED this the 6th day of February 2012


President

27 26

551

27 26

27 26



DELBERT ROSEMAN
Secretary of State

2012 Certification Training Make-Up Session
PRE-REGISTRATION - COUNTY ELECTION COMMISSIONERS
PRE-REGISTRATION DUE BY February 24, 2012

Please Print

NAME Layne Irvin
MAILING ADDRESS 516 S Eshman Ave
CITY West point STATE MS ZIP 39773
HOME PHONE 662-295-0300 OFFICE PHONE 662-494-3384
FAX NUMBER 662-495-2057 MOBILE PHONE 662-494-0300
COUNTY Clay EMAIL ADDRESS layneirvin@gmail.com

CHECK ONE OF THE FOLLOWING THAT DESCRIBES YOUR POSITION IN ELECTIONS

- CHAIRMAN - COUNTY ELECTION COMMISSION
- COUNTY ELECTION COMMISSIONER
- CIRCUIT CLERK
- OTHER, please describe deputy clerk

DATE **FEBRUARY 28-29, 2012**
TIME **9 00 a m - 5 00 p.m** (Including lunch break - meal is not provided)
LOCATION **MS Public Broadcasting Auditorium - 3825 Ridgewood Rd Jackson, MS 39211**

PLEASE MARK THE TYPE OF VOTING DEVICE USED

- PRECINCT SCANNER COUNTER - M100 Optical Scanner ES&S
- TOUCH SCREEN/ DRE - TSx Voting Device ES&S - Statewide Voting System
- TOUCH SCREEN/ DRE - Winvote Advance Voting Solutions System - Hinds County
- TOUCH SCREEN/ DRE - Ivotronic ES&S System - Rankin County
- OTHER

WE ARE ONLY OFFERING ONE, 2-DAY MAKE-UP SESSION in 2012

- 1 If you are unable to attend the entire session, you will not receive certification.**
- 2 Lunch will not be provided, however, there will be an hour and fifteen minute lunch break.**
- 3 The address used to complete this pre-registration form is the address to which your certificate will be mailed to**
- 4 Training on voting systems will not be offered at a location if we do not receive pre-registration forms noting that system We are making arrangements for trainers to be available for the voting systems**

To access training materials, please visit our website at
<http://www.sos.ms.gov/page.aspx?s=7&s1=1&s2=95>

Please fax or mail your completed registration form by **February 24th**, to the attention of
Lindsay Leonard - MS Secretary of State's Office
401 Mississippi Street Jackson, MS 39205
Lindsay.Leonard@sos.ms.gov
Phone 601-359-6687 Fax 601-359-1499



NO _____

**IN THE MATTER OF DELETING CERTAIN ASSETS FROM THE COUNTY'S
FIXED ASSET LEDGER**

There came on this day for consideration the matter of deleting certain assets from the County's Fixed Asset Ledger

It appears to this Board the assets listed below are no longer functioning and useful to the County and should be deleted from the County's Fixed Asset Ledger. The assets are as follows:

CH172	Calculator (Cannon)	S/N 923-DHV
CH199	Computer Monitor	947CH43HE983
SD1035	Monitor (NEC)	2Z50215YA

After motion by Lynn Horton and second by Shelton Deanes this Board doth vote unanimously to delete the assets referenced to above from the County's Fixed Asset Ledger.

SO ORDERED, this the 6th day of February, 2012



President

553

4 17 12

To Harmon A Robinson
Inventory Control Clerk

From Amy Berry

Date 1/27/12

Re Inventory Control # CH172
Description ~~calculator - canon~~
S/N# ~~923-DIV~~

The inventory item referenced to above is delivered to you to be transferred from this department's inventory. Additionally, this item does function properly to be useful to the County but needs to be transferred to Building & Grounds Department's inventory. Please remove this item from this department's inventory and transfer to the Building & Grounds Department's inventory upon the order of the Board of Supervisors


Department Head

This is acknowledged receipt of the above inventory item on this the 27th day of January, 2012


Inventory Clerk

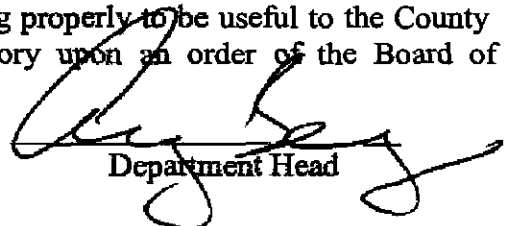
To Amy G Berry
Inventory Control Clerk

From *Amy Berry*

Date 1/29/12

Re Inventory Control # CH199 monitor
Description Monitor only
S/N# 5D1035

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors.


Department Head

This is acknowledged receipt of the above inventory item on this the 29th day of January, 2012.


Inventory Clerk

FAOFEM
Delete

Other Furniture/Equipment File Maintenance

20 51 42
AMY
Key # 1634

Description COMPUTER AND MONITOR

Location COMPUTER ROOM @ CHANCERY CLERK OFFICE

Vendor STATE AUDITORS OFFICE Serial #. COM6002CJNKN166MON947CG43HE983

Property # SD1035 Project # Current Value 1058 00

*Department # 101 CHANCERY CLERK Objective # 87 OTHER FURNITURE

*Acquisition: G GIFT *Disposal

Ledger? Y (Y/N)

*Asset Type CMP COMPUTER EQUIPM Useful Life 3 Years

Salvage % 1 Salvage \$ 11 Cap Threshold 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation

Cap Value 1058 00 Date 7/06/2004

Remarks

Enter=Accept *F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

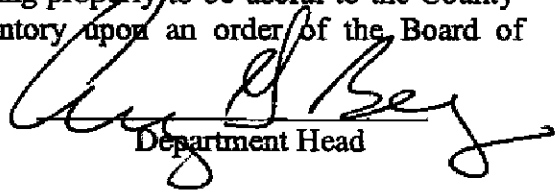
To Amy G Berry
Inventory Control Clerk

From 1/29/12


Date Amy Berry

Re Inventory Control # SD1035
Description Printer (NEC)
S/N# 2250215VA

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors.


Department Head

This is acknowledged receipt of the above inventory item on this the 29th day of January, 2012.


Inventory Clerk

FAOFEM
Deleté

Other Furniture/Equipment File Maintenance

20 31 00
AMY
Key # 2193

Description MONITOR (NEC)

Location COMPUTER ROOM @ CHANCERY CLERK

Vendor MISS STATE UNIVERSITY Serial # 2250215YA

Property #. CH199 Project # Current Value. 149 00

*Department # 101 CHANCERY CLERK Objective # 87 OTHER FURNITURE

*Acquisition G GIFT *Disposal

Ledger? Y (Y/N)

*Asset Type CMP COMPUTER EQUIPM Useful Life 3 Years

Salvage % 1 Salvage \$ 1 Cap Threshold 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation

Cap Value 149 00 Date 8/28/2008

Remarks

Enter=Accept *F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

IN THE MATTER OF TRANSFERRING CERTAIN ASSETS ON THE INVENTORY
RECORDS OF CLAY COUNTY, MS


There came on this day for consideration the matter of transferring certain assets on the inventory records of Clay County, MS

It appears to this Board that the inventory item listed below is currently listed under the Mobile Equipment Category for District 1 on the inventory records of Clay County and is no longer using the said equipment. Additionally, it appears District 4 is in need of the said asset and is requesting for it to be transferred to the Mobile Equipment Inventory for District 4. The inventory item is as follows:

D1-101 Steele Wheel Roller S/N# 400T-858

After motion by R. B. Davis and seconded by Luke Linnus, this Board doth vote unanimously to transfer the said assets from District 1 Mobile Equipment to District 4 Mobile Equipment Category.

SO ORDERED, this the 6th day of February, 2012



President

559

2012

To: Inventory Clerk
Clay County, MS

From: Lynn Horton

Date: 2/3/2012

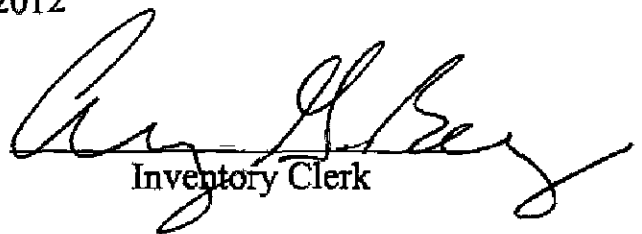
Re: Inventory Control# D1-101
Description Steele-wheel Roller
S/N# 400T-858

The above inventory item is delivered to you to be transferred from District 1 Department inventory to District 4 Department inventory Please remove from District 1 Department's inventory upon order of the Board of Supervisors



By _____

This is to acknowledge receipt of the above inventory item on this the 6th day of February, 2012


Inventory Clerk

560

3/24/2012
FAMBEM
Delete

FIXED ASSETS
Mobile Equipment File Maintenance

13 45 03
AMY
Key # 207

Description STEELE-WHEEL ROLLER
Location _____

Vendor MID-SOUTH MACHINERY, INC Serial # 400T-858
Property # D1101 Project # _____ Current Value 2439 00
*Department # 301 DISTRICT 1 Objective # 86 MOBILE EQUIPMEN
*Acquisition P PURCHASED *Disposal _____
Ledger? Y (Y/N)
*Asset Type MVHE MOTOR VEHICLE H Useful Life 10 Years
Salvage % 10 Salvage \$ 2439 Cap Threshold 5000
GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)
Accumulated Depreciation 21954 00

Up Value 24393 00 Date 1/10/1999
Remarks _____

Enter=Accept *F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

561

NO _____


**IN THE MATTER OF VOIDING AN ERRONEOUS TAX SALE FOR THE 2009
HOMESTEAD CHARGEBACK ON PARCEL# 083B211C 0560000**

There came on this day for consideration the matter of voiding an erroneous sale for the 2009 Homestead Chargeback on parcel no 083B211C 0560000

It appears to this Board that Angelo and Juanita Young purchased parcel #083B211C 0560000 on April 15, 1988. On July 30, 2004 the parcel was conveyed to Juanita Young and on January 22, 2010, the property was conveyed to Pete Hodo, III. Additionally, on September 3, 2010, a deed was filed in the Chancery Clerk's office in which the said parcel no 083B211C 0560000 was warranted and conveyed to Betty R. Young and at that the time of filing the said deed, all county taxes on parcel no 083B211C 0560000 were current. On September 28, 2010, a Homestead Chargeback was received on Angelo Young and charged back to parcel no 083B211C 0560000 by the Ms Department of Revenue.

After motion by Shelton Deanes and second by R. B. Davis, this Board doth vote unanimously to void the tax sale of the 2009 Homestead Chargeback in the amount of \$ 218.78 against Angelo Young for parcel no 083B211C 0560000 by statutory authority given in Section 27-33-37 (L) (2i) *Mississippi Code of 1972*.

SO ORDERED, this the 9th day of February 2012

97 

President

NO _____

**IN THE MATTER OF AUTHORIZING THE PRESIDENT TO THIS BOARD TO
EXECUTE A RENTAL AGREEMENT FOR A POSTAGE MACHINE**

There came on this day for consideration the matter of authorizing the President to execute a rental agreement for a postage machine

It appears to this Board the current postage machine asset # CH173 has broken and is no longer functioning. Additionally, under State Contract # 5-603-21454-11 with Pitney Bowes, Inc, an equipment rental agreement marked as "Exhibit A" with this order, appears to be the best cost effective option available for the county and is allowed for a DM400C Digital postage machine at a rental cost per quarter of \$153.00

After motion by R. B. Davis and second by Floyd McKee this Board doth vote unanimously to authorize the President of this Board to execute the State Contract rental agreement with Pitney Bowes, Inc marked as Exhibit A to purchase a postage machine to be located in the Chancery Clerk's office to service mail for all county departments.

SO ORDERED, this the 6th day of February, 2012



President

FOR USE BY
MISSISSIPPI DEPARTMENTS AND VENDORS
(Applicable to Equipment Rental Transactions)

The following when signed by the Customer and the Vendor shall be considered to be a part of the rental agreement between the parties

Vendor Company Name PITNEY BOWES INC

Agreement Number

Your Business Information

Clay County Chancery Clerk

Full Legal Name of Lessee

DBA Name of Lessee

Tax ID # (FBI/NTIN)

205 Court Street / P.O. Box 815

West Point

MS 38773

Billing Address Street

City

State Zip+4

Ann Berry

(601) 494-3124

Billing CAN #

205 Court Street

West Point

MS 38773

Installation Address (if different from billing address): Street

City

State Zip+4

Installation Contact Name

Installation Contact Phone #

Installation CAN #

Bill needs to be received by end of month

Ann Berry

Customer PO #

Your Business Needs

Qty	Business Solution Description
1	Mail Stream Solution 1
1	DM400C Digital Meter System
1	Intellink Interface / PSD for DM300C/ DM400C/DM450C
1	Accounting (50 Dept) Software
1	e-Return Receipt Service
1	5 lb Integrated Weighing
1	Confirmation Services Training
1	Integrated Weighing Platform
1	Intellink Subscription

Check items to be included in customer's payment

- Equipment Maintenance
Provides service coverage including certain parts and labor
- Software Maintenance
Provides revision updates and technical assistance
- Soft-Guard® Subscription
Provides postal and carrier updates
If you do not elect to include Soft-Guard protection with your lease, you will automatically receive updates at the then-current rates.
- Intellink® Subscription/Meter Rental
Provides simplified billing and includes postage receipts
- Confirmation Services Electronic access to USPS confirmation service
- Postage by Phone® PLUS Receive an invoice for postage, consolidated billing, and enhanced management reporting information

Your Payment Plan

Number of months	Monthly amount	Billed Quarterly at*
60	\$163	\$459

*Does not include any applicable basic payment plan length after any non-cancellable initial lease period.

Your Signature

Vendor Signature

Customer Signature

564

Exhibit A

New Customer Account Creation

New CAN Creation
 Items denoted by * are the Required ones

Account Type*

Requested By*

Requestor Telephone*

Sales Rep Email address*

Install To Customer Details

Customer Name (line 1)*

Customer Name (line 2)

Customer Name (line 3)

Street (line 1)*

Street (line 2)

Street (line 3)

City*

State* Select State

Postal Code*

Country*

AP Contact*

Telephone Number*

Taxpayer ID Number*

Division

Customer Type* Commercial If your customer is Tax exempt Please remember to forward their Tax Exempt certificate to Tax department

Customer's Email

Customer's Fax number

Bill To Customer Details

565

Customer Name (line 1)*	Clay County, US
Customer Name (line 2)	
Customer Name (line 3)	
Street (line 1)*	P.O. BOX 815
Street (line 2)	
Street (line 3)	
City*	West Point
State*	MS
Postal Code*	39703
Country*	US
AP Contact*	Amy Berry
Telephone Number*	000 000 0000 (662) 494-3129
Taxpayer ID Number*	14-1010752
Division	02
Customer Type*	Commercial <input checked="" type="checkbox"/>
If your customer is Tax exempt Please remember to forward their Tax Exempt certificate to Tax department	
Customer's Email	
Customer's Fax number	
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	

566

NO _____

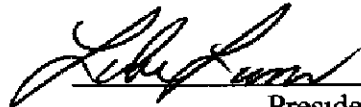
**IN THE MATTER OF AUTHORIZING THE PRESIDENT OF THIS BOARD TO
EXECUTE A RENTAL AGREEMENT FOR A COPIER**

There came on the matter of authorizing the President of this Board to execute a rental agreement for a copier

It appears to this Board the copier asset# CH176 has broken and is no longer functioning. Additionally, under State Contract # 5-600-21161-11 for Cannon Copiers, an equipment rental agreement with R. J. Young, a licensed Cannon dealer, marked as "Exhibit A" with this order appears to be the best cost effective option available for the Chancery Clerk's office to pursue to replace the broken copier. The rental on the said copier will cost the county \$131.60 per month.

After motion by R. B. Davis and second by Shelton Deanes this Board doth vote unanimously to authorize the President to execute the State Contract rental agreement with R. J. Young Inc marked as Exhibit A to purchase a Lexmark XS658dfe MFP Copier for the Chancery Clerk's office.

SO ORDERED, this the 6th day of February, 2012



President

567

73 213

RENTAL AGREEMENT
FOR USE BY MISSISSIPPI DEPARTMENTS
AND VENDORS
(applicable to equipment rental transactions)

The Agreement is entered into by and between Clay County Board of Supervisors (hereinafter referred to as Customer), and RJ Young Company (hereinafter referred to as Vendor) This Agreement becomes effective upon signature by Customer and Vendor and shall take precedence over all agreements and understandings between the parties Vendor, by its acceptance hereof agrees to rent to Customer, and Customer, by its acceptance hereof agrees to rent from Vendor the equipment, including applicable software and services to render it continually operational, listed in Exhibit A, which is attached hereto and incorporated herein

1 CUSTOMER ACCOUNT ESTABLISHMENT

- A A separate Vendor Customer Number will be required for each specific customer/installation location
- B The Customer is identified as the entity on the first line of the "bill to" address All invoices and notices of changes will be sent to the "bill-to" address
- C Ship-to and/or Installed-at address is the location to which the initial shipment of equipment/supplies will be made and the address to which service representatives will respond Subsequent shipments of supplies for installed equipment will also be delivered to the "installed at" address unless otherwise requested
- D Unless creditworthiness for this Customer Number has been previously established by Vendors, Vendor's Credit Department may conduct a credit investigation for this Order Notwithstanding delivery of equipment, Vendor may revoke this Order by written notice to the Customer if credit approval is denied within thirty (30) days after the date this Rental Agreement is accepted for Vendor by an authorized representative

2 EQUIPMENT SELECTION PRICES, AND AGREEMENT The Customer has selected and Vendor agrees to provide the equipment, including applicable software and services to render it continually operational, identified on Exhibit A attached to this Rental Agreement The specific prices, inclusive of applicable transportation charges, are as set forth on the attached Exhibit A The parties understand and agree that the Customer is exempt from the payment of taxes

3 SHIPPING AND TRANSPORTATION Vendor agrees to pay all non-priority, ground shipping, transportation, rigging and drayage charges for the equipment from the equipment's place of manufacture to the installation address of the equipment as specified under this Agreement If any form of express shipping method is requested, it will be paid for by Customer

4 RISK OF LOSS OR DAMAGE TO EQUIPMENT While in transit, Vendor shall assume and bear the entire risk of loss and damage to the equipment from any cause whatsoever If, during the period the equipment is in Customer's possession due to gross negligence of the customer, the equipment is lost or damaged, then, the customer shall bear the cost of replacing or repairing said equipment

5 DELIVERY, INSTALLATION, ACCEPTANCE, AND RELOCATION

A DELIVERY Vendor shall deliver the equipment to the location specified by Customer and pursuant to the delivery schedule agreed upon by the parties If, through no fault of the Customer, Vendor is unable to deliver the equipment or software, the prices, terms and conditions will remain unchanged until delivery is made by Vendor If however, Vendor does not deliver the equipment or software within ten (10) working days of the delivery due date, Customer shall have the right to terminate the order without penalty cost or expense to Customer of any kind whatsoever

Exhibit A

B INSTALLATION SITE At the time of delivery and during the period Vendor is responsible for maintenance of the equipment, the equipment installation site must conform to Vendor's published space, electrical and environmental requirements, and the Customer agrees to provide, at no charge, reasonable access to the equipment and to a telephone for local or toll free calls.

C INSTALLATION DATE The installation date of the equipment shall be that date as is agreed upon by the parties if Vendor is responsible for installing the equipment.

D ACCEPTANCE Unless otherwise agreed to by the parties, Vendor agrees that Customer shall have ten (10) working days from date of delivery and installation, to inspect, evaluate and test the equipment to confirm that it is in good working order.

E RELOCATION Customer may transfer equipment to a new location by notifying Vendor in writing of the transfer at least thirty (30) calendar days before the move is made. If Vendor is responsible for maintenance of the equipment, this notice will enable Vendor to provide technical assistance in the relocation efforts, if needed, as well as to update Vendor's records as to machine location. There will be no cessation of rental charges during the period of any such transfer. The Vendor's cost of moving and reinstalling equipment from one location to another is not included in this Agreement, and Customer agrees to pay Vendor, after receipt of invoice of Vendor's charges with respect to such moving of equipment, which will be billed to Customer in accordance with Vendor's standard practice then in effect for commercial users of similar equipment or software.

6 RENTAL TERM The rental term for each item of equipment shall be that as stated in the attached Exhibit A. If the customer desires to continue renting the equipment at the expiration of the original rental agreement, the customer must enter into a new rental agreement which shall be separate from this agreement. There will be no automatic renewals allowed. There shall be no option to purchase.

7 OWNERSHIP Unless the Customer has obtained title to the equipment, title to the equipment shall be and remain vested at all times in Vendor or its assignee and nothing in this Agreement shall give or convey to Customer any right, title or interest therein, unless purchased by Customer. Nameplates, stencils or other indicia of Vendor's ownership affixed or to be affixed to the equipment shall not be removed or obliterated by Customer.

8 PAYMENTS

A INVOICING AND PAYMENTS The charges for the equipment, software or services covered by this Rental Agreement are specified in the attached Exhibit A. Charges for any partial month for any item of equipment shall be prorated based on a thirty (30) day month. Vendor shall submit an invoice with the appropriate documentation to Customer. Customer agrees to make payment in accordance with Mississippi law on Timely Payments for Purchases by Public Bodies, Sections 31-7-301, et seq. of the 1972 Mississippi Code Annotated, as amended, which generally provides for payment by Customer within forty-five (45) days of the date the invoice is received and the goods are inspected and accepted.

B METER READINGS If applicable, the Customer shall provide accurate and timely meter readings at the end of each applicable billing period on the forms or other alternative means specified by Vendor. Vendor shall have the right, upon reasonable prior notice to Customer, and during Customer's regular business hours, to inspect the equipment and to monitor the meter readings. If Customer meter readings are not received in the time to be agreed upon by the parties, the meter readings may be obtained electronically or by other means or may be estimated by Vendor subject to reconciliation when the correct meter reading is received by Vendor.

C COPY CREDITS If applicable, if a copier is being rented, the Customer will receive one (1) copy credit for each copy presented to Vendor which, in the Customer's opinion, is unusable and also for each copy which was produced during servicing of the equipment. Copy credits will be issued only if Vendor is responsible for providing equipment services or maintenance services (except time and materials maintenance). Copy credits will be reflected on the invoice as a reduction in the total copy volume, except for run length plans which will be credited at a specific copy credit rate as shown on the applicable price list.

9 USE OF EQUIPMENT Customer shall operate the equipment according to the manufacturer's specifications and documented instructions. Customer agrees not to employ or use additional attachments, features or devices on the equipment or make changes or alterations to the equipment covered hereby without the prior written consent of Vendor in each case, which consent shall not be unreasonably withheld.

10 MAINTENANCE SERVICES, EXCLUSIONS, AND REMEDIES

A SERVICES If Vendor is responsible for providing equipment services, maintenance services (except for time and materials), or warranty services: (1) Vendor shall install and maintain the equipment and make all necessary adjustments and repairs to keep the equipment in good working order; (2) Parts required for repair may be used or reprocessed in accordance with Vendor's specifications and replaced parts are the property of Vendor, unless otherwise specifically provided on the price lists; (3) Services will be provided during Customer's usual business hours; (4) If applicable, Customer will permit Vendor to install, at no cost to Customer, all retrofits designated by Vendor as mandatory or which are designed to insure accuracy of meters.

B EXCLUSIONS The following is not within the scope of services: (1) Provision and installation of optional retrofits; (2) Services connected with equipment relocation; (3) Installation/removal of accessories, attachments or other devices; (4) Exterior painting or refinishing of equipment; (5) Maintenance installation or removal of equipment or devices not provided by Vendor; (6) Performance of normal operator functions as described in applicable Vendor operator manuals; (7) Performance of services necessitated by accident, power failure, unauthorized alteration of equipment or software tampering, service by someone other than Vendor, causes other than ordinary use, interconnection of equipment by electrical or electronic or mechanical means with noncompatible equipment, or failure to use operating system software. If Vendor provides, at the request of the Customer, any of the services noted above, the Customer may be billed by Vendor at a rate not to exceed the Master State Prices Agreement between the Vendor and the State of Mississippi, or in the absence of such agreement at the then current time and materials rates.

C REMEDIES If during the period in which Vendor is providing maintenance services, Vendor is unable to maintain the equipment in good working order, Vendor will, at no additional charge, provide either an identical replacement or another product that provides equal or greater capabilities.

11 HOLD HARMLESS Vendor agrees that it will, and hereby does, indemnify, defend and hold harmless Customer from and against any and all claims, damages, losses, costs and expenses of every kind and nature, including court costs and attorney fees and claims for damages resulting from or arising out of any infringement claim or claim of bodily injury, death or damage to real or tangible personal property caused by Vendor and/or its partners, principals, agents, employees or subcontractors in the performance of this Agreement. Customer will promptly notify Vendor in writing of any claim to be indemnified hereunder, of which Customer has knowledge, and Vendor in turn will promptly notify Customer of any such claim. Vendor shall, at its sole expense, control the defense of such suit to the extent allowed by Mississippi law. The parties agree to cooperate with one another in the defense of any such matter.

12 ALTERATIONS, ATTACHMENTS, AND SUPPLIES

A If Customer makes an alteration, attaches a device or utilizes a supply item that increases the cost of services, Vendor will either propose an additional service charge or request that the equipment be returned to its standard configuration or that use of the supply item be discontinued. If, within five (5) days of such proposal or request, Customer does not remedy the problem or agree in writing to do so within a reasonable amount of time, Vendor shall have the right to terminate this Agreement as provided herein. If Vendor believes that an alteration, attachment or supply item affects the safety of Vendor personnel or equipment users, Vendor shall notify Customer of the problem and may withhold maintenance until the problem is remedied.

B Unless Customer has obtained title to the equipment free and clear of any Vendor security interest, Customer may not remove any ownership identification tags on the equipment or allow the equipment to become fixtures to real property.

13 ASSIGNMENT

A BY CUSTOMER Without the prior consent of Vendor which consent shall not be unreasonably withheld Customer shall not (1) assign, transfer or pledge all or any part of this Agreement or software licensed by Vendor, or (2) resell, lease, lend or permit a lien or encumbrance of any kind against the equipment unless Customer has obtained title to the equipment free and clear of any Vendor security interest

B BY VENDOR Vendor shall not assign its rights or delegate its duties hereunder without the prior written consent of Customer which consent shall not be unreasonably withheld

14 GOVERNING LAW This Agreement shall be construed and governed in accordance with the laws of the State of Mississippi and venue for the resolution of any dispute shall be Jackson, Hinds County, Mississippi Vendor expressly agrees that under no circumstances shall Customer be obligated to pay an attorneys fee or the cost of legal action to Vendor Notwithstanding any other provisions of this Agreement between the parties, all activities and performances of the parties with respect to the equipment, software or services herein shall be subject to all applicable laws regulations policies and procedures of the United States of America, or any agency thereof the State of Mississippi or any agency thereof, or any local governments or political subdivisions that may affect the performance of services hereunder

15 NOTICE Any notice required or permitted to be given under this Agreement shall be in writing and sent by certified United States mail postage prepaid, return receipt requested, to the party to whom the notice should be given at their usual business address Notice shall be deemed given when actually received or when refused The parties agree to promptly notify each other of any change of address

16 WAIVER Failure of either party hereto to insist upon strict compliance with any of the terms, covenants and conditions hereof shall not be deemed a waiver or relinquishment of any similar right or power hereunder at any subsequent time or of any other provision hereof nor shall it be construed to be a modification of the terms of this Agreement

17 CAPTIONS The captions or headings in this Agreement are for convenience only and in no way define, limit or describe the scope or intent of any provision or section of this Agreement

18 SEVERABILITY If any term or provision of this Agreement is prohibited by the laws of the State of Mississippi or declared invalid or void by a court of competent jurisdiction, the remainder of this Agreement shall be valid and enforceable to the fullest extent permitted by law

19 THIRD PARTY ACTION NOTIFICATION Vendor shall give Customer prompt notice in writing of any action or suit filed and prompt notice of any claim made against Vendor by any entity that may result in litigation related in any way to this Agreement

20 AUTHORITY TO CONTRACT Vendor warrants that it is a validly organized business with valid authority to enter into this Agreement That entry into and performance under this Agreement is not restricted or prohibited by any loan, security financing, contractual or other agreement of any kind, and notwithstanding any other provision of this Agreement to the contrary, that there are no existing legal proceedings or prospective legal proceedings either voluntary or otherwise which may adversely affect its ability to perform its obligations under this Agreement

21 RECORD RETENTION AND ACCESS TO RECORDS Vendor shall maintain and make available to Customer, any financial records, supporting documents, statistical records and all other records pertinent to the services performed under this Agreement These records shall be maintained for at least three (3) years however if any litigation or other legal action, by or on behalf of the State has begun that is not completed at the end of the three (3) year period, or if audit findings litigation or other legal action has not been resolved at the end of the three (3) year period, the records shall be retained until resolution

22 EXTRAORDINARY CIRCUMSTANCES If either party is rendered unable, wholly or in part, by reason of strikes, accidents acts of God weather conditions or any other acts beyond its control and without its fault or negligence to comply with

any obligations or performance required under this Agreement, then such party shall have the option to suspend its obligations or performance hereunder until the extraordinary performance circumstances are resolved. If the extraordinary performance circumstances are not resolved within a reasonable period of time, however, the non-defaulting party shall have the option upon prior written notice, of terminating the Agreement.

23 TERMINATION This Agreement may be terminated as follows: (a) Customer and vendor mutually agree to the termination, or (b) If either party fails to comply with the terms and conditions of this Agreement and that breach continues for thirty (30) days after the defaulting party receives written notice from the other party, then the non-defaulting party has the right to terminate this Agreement. The non-defaulting party may also pursue any remedy available to it in law or in equity. Upon termination, all obligations of Customer to make payments required hereunder shall cease.

24 AVAILABILITY OF FUNDS It is expressly understood and agreed that the fulfillment of the conditions of this agreement by Customer is conditioned upon the receipt of governmental funding. If the funds anticipated for the fulfillment of this Agreement are at any time not forthcoming or insufficient, Customer shall have the right to terminate this Agreement, without damage, penalty, cost or expense to Customer of any kind whatsoever.

25 MODIFICATION OR RENEGOTIATION This Agreement may be modified only by written agreement signed by the parties hereto. The parties agree to renegotiate the Agreement if federal and/or state revision of any applicable laws or regulations make changes in this Agreement necessary.

26 WARRANTIES Vendor warrants that the equipment when operated according to the manufacturer's specifications and documented instructions shall perform the functions indicated by the specifications and documented literature. Vendor may be held liable for any damages caused by failure of the equipment to function according to specifications and documented literature published by the manufacturer of the equipment. The State may be held liable for any damages caused by failure to operate the equipment according to the specifications and documented instructions.

27 E-VERIFY COMPLIANCE Contractor/Seller represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act (Senate Bill 2988 from the 2008 Regular Legislative Session) and will register and participate in the status verification system for all newly hired employees. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Contractor/Seller agrees to maintain records of such compliance and upon request of the State to provide a copy of each such verification to the State. Contractor/Seller further represents and warrants that any person assigned to perform services hereunder meets the employment eligibility requirements of all immigration laws of the State of Mississippi. Contractor/Seller understands and agrees that any breach of these warranties may subject Contractor/Seller to the following: (a) termination of this Agreement and ineligibility for any state or public contract in Mississippi for up to three (3) years, with notice of such cancellation/termination being made public, or (b) the loss of any license, permit, certification or other document granted to Contractor/Seller by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year, or (c) both. In the event of such termination/cancellation, Contractor/Seller would also be liable for any additional costs incurred by the State due to contract cancellation or loss of license or permit.

28 HARD DRIVE SECURITY The manufacturer or dealer that rented the equipment to the entity must properly format the hard drive, deleting all information, or replace the hard drive with a new hard drive prior to storing or re-selling the equipment. If they choose, agencies may also request to retain the hard drive for a nominal fee. The vendor will supply written notification to the renting agency that all data has been made inaccessible. This notification must be provided with 45 days of the equipment being returned to the vendor.

29 ENTIRE AGREEMENT This agreement constitutes the entire agreement of the parties with respect to the equipment, software or services described herein and supersedes and replaces any and all prior negotiations, understandings and agreements, written or oral, between the parties relating hereto. No terms, conditions, understandings, usages of the trade, course of dealings or agreements not specifically set out in this Agreement or incorporated herein shall be effective or relevant to modify, vary, explain or supplement this Agreement.

For the faithful performance of the terms of this Agreement, the parties have caused this Agreement to be executed by their undersigned representatives

Witness my signature this the 31st day of January, 2012

Vendor RJ Young Company


By *Hugh Harns*
Authorized Signature

Printed Name Hugh Harns

Title Sales Representative

WITNESS

Witness my signature this the 6th day of February, 2012
 State of Mississippi Clay County Board of Supervisors
 Authorized Signature
 Printed Name *Luke Dennis*
 Title President



WITNESS

Ray G. Berg, Chancery Clerk

516

573

EXHIBIT A
RENTAL AGREEMENT
FOR USE BY
MISSISSIPPI DEPARTMENTS AND VENDORS
(Applicable to Equipment Rental Transactions)

The following, when signed by the Customer and the Vendor shall be considered to be a part of the rental agreement between the parties

Vendor Company Name RJ Young Company

Customer Agency Name Clay County Board of Supervisors

Bill to Address Clay County Board of Supervisors - Purchasing

P O Box 815

West Point MS 39773

Ship to Address Clay County Chancery Clerk

205 Court St

West Point MS 39773

Description of Equipment, Software, or Services

Lexmark XS658dfe MFP \$98 00 / month

2 000 copies per month with excess copies billed @ 0158 \$33 60 / month

Total \$131 60 / month

Delivery Schedule and Installation Date _____

Rental Term Number of Months 48 Start Date _____ End Date _____

Modifications Rental includes all parts labor toner and drums You only add paper


Vendor Signature


Customer Signature

**A RESOLUTION REQUESTING THE MISSISSIPPI LEGISLATURE TO
ENACT A LOCAL AND PRIVATE BILL TO ENABLE THE CLAY COUNTY,
MISSISSIPPI BOARD OF SUPERVISORS TO PERFORM CERTAIN ACTS TO
ASSIST IN THE ECONOMIC DEVELOPMENT OF THE COUNTY**

WHEREAS, there is an urgent need to permit local governmental authorities to assist in promoting the economic development of Clay County, Mississippi, and

WHEREAS, there exists 20 28 acres which can be purchased and would enable Clay County, Mississippi to immediately offer such property as an attractive site to one or more industrial or commercial enterprises

THEREFORE, BE IT RESOLVED, by the Clay County, Mississippi Board of Supervisors that the Board does hereby request the Legislature of the State of Mississippi to enact a local and private bill similar to the proposed bill attached hereto as Exhibit "A" and incorporated herein by reference

After a thorough discussion of the above said resolution, Supervisor R B Davis moved for the adoption of the resolution Said motion was seconded by Supervisor Shelton Deanes and was put to a vote

Supervisor Lynn Horton voted aye

Supervisor Luke Lummus voted aye

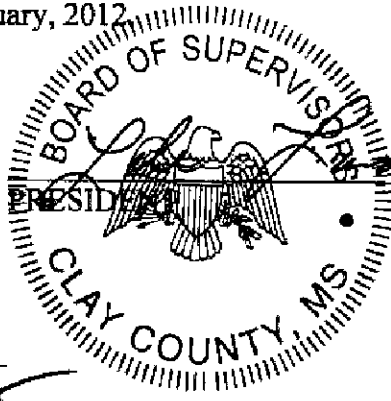
Supervisor R B Davis voted aye

Supervisor Shelton Deanes voted aye

Supervisor Floyd McKee voted aye

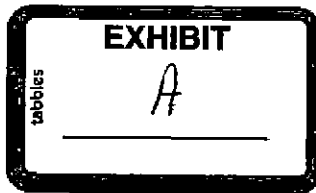
The resolution having received all of the votes cast, the resolution was declared and adopted by President Luke Lummus

THIS the 6th day of February, 2012




CLERK OF THE BOARD

576



HOUSE BILL NO _____

AN ACT TO AUTHORIZE CLAY COUNTY, MISSISSIPPI TO PURCHASE CERTAIN REAL PROPERTY FOR ECONOMIC DEVELOPMENT PURPOSES, TO AUTHORIZE COUNTY FUNDS FROM ANY SOURCE TO BE UTILIZED TO PURCHASE SUCH REAL PROPERTY AND TO DEVELOP SUCH REAL PROPERTY TO AUTHORIZE THE BOARD OF SUPERVISORS OF CLAY COUNTY TO SELL, LEASE OR LEASE PURCHASE THE REAL PROPERTY OR ANY PORTION THEREOF TO ANY SUITABLE ECONOMIC DEVELOPMENT PROSPECT, AND FOR RELATED PURPOSES

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI

SECTION 1 The Board of Supervisors of Clay County, Mississippi, is authorized to purchase a tract of land, including improvements, more particularly described as follows

All that tract or parcel of land lying and being in Fractional Section 30, Township 17 South, Range 8 East, Chickasaw Meridian, Clay County, Mississippi, more particularly described as follows

Commencing at a concrete monument stamped "C-WF-5," which is 3,321 89 feet North of the South line and 3,488 89 feet East of the line of said Section 30, at a corner of a tract of land owned by the United States of America at Columbus Lake, Tennessee-Tombigbee Waterway and at plane coordinate position North 1 420,870 49 feet and East 601,893 43 feet, based on Transverse Mercator Projection, Mississippi East Zone,

Thence due North along the boundary of said United States tract a distance of 201 9 feet,

Thence North 80 degrees 44 minutes East a distance of 1,059 9 feet to the POINT OF BEGINNING,

Thence North 31 degrees 58 minutes West a distance of 316 65 feet,

Thence North 42 degrees 32 minutes West a distance of 468 97 feet more or less, to a point in the center of Old Mississippi State Highway No 50,

Thence along the centerline of said old highway the following bearings and distances

North 67 degrees 25 minutes a distance of 199 98 feet,

North 64 degrees 33 minutes East a distance of 100 07 feet,

North 63 degrees 37 minutes East a distance of 954 27 feet more or less, to point in the centerline of the Old Highway 50 Bridge and the west branch of the Tombigbee River,

Thence downstream along the meanders of the west bank of said river the following bearings and distances

South 26 degrees 10 minutes East a distance of 101 38 feet

South 35 degrees 31 minutes East a distance of 108 27 feet,

South 12 degrees 18 minutes East a distance of 37 71 feet,

Thence along the west bank of the Tennessee-Tombigbee Waterway the following bearings and distances

South 27 degrees 42 minutes West a distance of 34 56 feet,

South 11 degrees 26 minutes West a distance of 170 84 feet,

South 01 degree 28 minutes East a distance of 162 81 feet,

South 07 degrees 16 minutes West a distance of 182 97 feet,

South 01 degree 48 minutes East a distance of 112 34 feet,

South 05 degrees 26 minutes West a distance of 347 54 feet,

Thence North 62 degrees 05 minutes West a distance of 272 15 feet,

Thence South 80 degrees 44 minutes West a distance of 427 73 feet, more or less, to the point of beginning

Containing 20 28 acres, more or less, and being a part of Tract 501 of the Columbus Lock & Dam Tennessee-Tombigbee Waterway Project as described in Civil Action No EC80-4-LS-O (MF 33-25-361-48(1)), filed 7 January 1980 in the United States District Court for the Northern District of Mississippi, Eastern Division

SUBJECT TO all valid and existing restrictions, reservations, covenants, conditions and easements, including but not limited to, rights-of-way for railroads, highways, pipelines and public utilities, if any, whether of public record or not

SECTION 2 The purchase price of the land and improvements shall not exceed Two Hundred Twenty Thousand Dollars (\$220,000) plus reasonable and necessary expenses relating to such sale and purchase, and shall include improvements on said property which may be owned by the seller, if any The terms of the purchase of the tract of land and existing improvements may be made by negotiations between the owner and the Board of Supervisors of Clay County, Mississippi

SECTION 3 The Board of Supervisors of Clay County, Mississippi, is hereby authorized to issue bonds, borrow, or otherwise acquire funds for such purchase from any available source, including, but not limited to, the issuance of bonds or application for funds through the local governments capital improvements revolving loan program established pursuant to Section 57-1-301, *et seq* , to purchase the real property described in Section 1 of this act The Board of Supervisors of Clay County, Mississippi, is further authorized to issue bonds, borrow funds from the local government capital investments revolving loan program or issue notes to raise revenue to purchase such property to develop the site, to provide all necessary utilities, and to lay out, construct and/or improve and hard-surface roadways, streets, driveways and access roads, and provide for the grading, drainage, sewer, lights and water, and all other necessary or proper improvements to make the site desirable or useful for industrial and commercial enterprises

SECTION 4 The Board of Supervisors of Clay County, Mississippi is authorized to sell, lease, or enter into a lease-purchase agreement for all or any portion of the real property described in Section 1 of this act on such terms and conditions as may be negotiated between the

Board of Supervisors and any industrial, warehousing or commercial enterprise acceptable to the Board of Supervisors Should the Board of Supervisors use the capital improvements revolving loan program as above set out to acquire funding, such purchaser, lessee or lease-purchaser shall be approved by the Mississippi Development Authority Otherwise, approval by the Mississippi Development Authority of such purchaser, lessee, or lease-purchaser shall not be required Any such lease, lease-purchase agreement, or sale may be for a term of years, not to exceed fifteen (15) years and shall be binding and not voidable by any successor Board of Supervisors

SECTION 5 This act shall take effect and be in force from and after its passage

PASSED BY THE SENATE
_____ (DATE)

PRESIDENT OF THE SENATE

PASSED BY THE HOUSE OF
REPRESENTATIVES
_____ (DATE)

SPEAKER OF THE HOUSE OF
REPRESENTATIVES

APPROVED BY THE GOVERNOR
_____ (DATE)

GOVERNOR

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

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

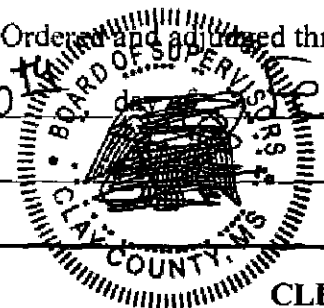
ORDER

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

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

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

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

Ordered and adjudged this the 6th day of February, 2012
signed [Signature]


CLERK'S CERTIFICATE

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

Witness my hand and official seal, this the 6th day of

February, 2012
[Signature]
Clerk of the Board of Supervisors

RECEIVED
MAR 28 2012
EXEMPTION & PUBLIC

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

Form 61 207 07 1 1 000 (Rev. 04)
Formerly 72 003

YEAR 2011

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

ADDITION ()

DELETIONS ()

COUNTY _____

SCHOOL DISTRICT WEST POINT

MUNICIPALITY _____ COUNTY _____

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
BOCK, MARY VIRGINIA	080 12 00600 00	38 00	1830	7953		9783		REMOVED IN ERROR

281

589

INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

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

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

FOR MSTC USE ONLY

Total Net Effect
of adjustments

(Initial & date)

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

FOR MSTC USE ONLY


DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY


ACCT NO _____

YEAR 2011

NAME 1 BOCK MARY VIRGINIA 
(last name) (first name) (middle name)

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

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

MUNICIPALITY _____ COUNTY _____			SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>BOCK</u> (LAST)	<u>MARY</u> (FIRST)	<u>VIRGINIA</u> (MIDDLE)	SSN 
NAME 2 _____ (LAST)	_____ (FIRST)	_____ (MIDDLE)	SSN _____
ADDRESS <u>6144 HWY 50 WEST</u> (STREET)			EXEMPTION CODE NO <u>2</u> 1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
<u>WEST POINT</u> (CITY)	<u>MS</u> (STATE)	<u>39773</u> (ZIP)	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION
1 <u>080-12-00600 00</u>			<u>REMOVED IN ERROR</u>
2 _____			_____
3 _____			_____
4 _____			_____
5 _____			_____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this law fully 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 *Vantha Rupert*

(FOR A DELETION)

Being the duly elected and 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

RECEIVED

MAR 28 2012

Witness my signature and official seal. This the 6th day of February 20 12

583

EXEMPTION & PUBLIC

SIGNED *Cory G. Bey*

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

20.

584

INTENTIONALLY

LEFT BLANK

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

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


ORDER

This day came on for hearing and consideration by the Board of Supervisors of Clay County, Mississippi, petition of *see names on Reverse side* for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 2011 Homestead Exemption Supplemental Roll as shown in said petition

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

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

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

Ordered and approved this the February, 20 12
signed 

CLERK'S CERTIFICATE

I, Amy G Berry Clerk of the Board of Supervisors of Clay County, Mississippi, do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors'

Witness my hand and official seal, this the 6th day of February, 20 12
Amy G Berry
Clerk of the Board of Supervisors

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

Form CI 90 07 1 1 000 (Rev 9/04)
Formerly 77 005

YEAR 2011

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

ADDITION (X)

DELETIONS ()

COUNTY CLAY

SCHOOL DISTRICT WEST POINT

MUNICIPALITY WEST POINT

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VAL OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT FXEMPT	REASON FOR ADJUSTMENT
BRAMLETT, JAMES ANDREW	082A210B 01200 00		1200	2829		4029		REMOVED FROM ROLL IN ERROR
SHELVES, MILDRED B	061C404A 00201 00	94	1150	5461		6611		REMOVED FROM ROLL IN ERROR
WHITE, HELEN I	082D115A 01900 00		1714	5662		7376		REMOVED FROM ROLL IN ERROR

INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

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

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

FOR MSTC USE ONLY

Total Net Effect
of adjustments

(Initial & date)

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

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 BRAMLETT ANN _____
(last name) (first name) (middle name) (social security no)

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

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

MUNICIPALITY <u>WEST POINT</u>			SCHOOL DISTRICT <u>WEST POINT</u>		
NAME 1 <u>BRAMLETT</u> <u>ANN</u> (LAST) (FIRST) (MIDDLE)			SSN <u>[REDACTED]</u>		
NAME 2 _____ (LAST) (FIRST) (MIDDLE)			SSN _____		
ADDRESS <u>1040 WEST LOOP DRIVE</u> (STREET)			EXEMPTION CODE NO <u>3</u>		
<u>WEST POINT</u> <u>MS</u> <u>39773</u> (CITY) (STATE) (ZIP)			1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION		
1 <u>082A210B 01200 00</u>			<u>JAMES ANDREW BRAMLETT, ANN'S</u>		
2 _____			<u>HUSBAND, PASSED AWAY HE AND</u>		
3 _____			<u>ANN BOTH ARE OVER 65 AND ON SSDI</u>		
4 _____			<u>PLEASE MOVE ANN AS THE PRIMARY</u>		
5 _____			<u>APPLICANT</u>		

AUTHORIZATION

(FOR A CORRECTION)

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

SIGNED *Veneta Ruppel*

(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 6th day of February 2012

587 SIGNED *Roy H. Berry*

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

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

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 SHEIVES MILDRED B
(last name) (first name) (middle name)

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

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

MUNICIPALITY <u>WEST POINT</u>			SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>SHEIVES</u> (LAST)	<u>MILDRED</u> (FIRST)	<u>B</u> (MIDDLE)	SSN <u>[REDACTED]</u>	
NAME 2 _____ (LAST)	_____ (FIRST)	_____ (MIDDLE)	SSN _____	
ADDRESS <u>2326 LONE OAK DR</u> (STREET)			EXEMPTION CODE NO <u>2</u>	
<u>WEST POINT</u> (CITY)	<u>MS</u> (STATE)	<u>39773</u> (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION	
1	<u>061C404A 00201 00</u>		REMOVED FROM HOMESTEAD ROLL	
2	_____		IN ERROR	
3	_____		_____	
4	_____		_____	
5	_____		_____	

AUTHORIZATION

(FOR A CORRECTION)

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

SIGNED *Jenette Rupert*

588

(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 6th day of February 20 12

SIGNED *Craig G. Berry*

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

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

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY


ACCT NO _____

YEAR 2011

NAME 1 WHITE HELEN I
(last name) (first name) (middle name)

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

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

MUNICIPALITY <u>WEST POINT</u>			SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>WHITE</u> (LAST)	<u>HELEN</u> (FIRST)	<u>I</u> (MIDDLE)	SSN 	
NAME 2 _____ (LAST)	_____ (FIRST)	_____ (MIDDLE)	SSN _____	
ADDRESS <u>216 WEST JORDAN AVENUE</u> (STREET)			EXEMPTION CODE NO <u>2</u>	
<u>WEST POINT</u> (CITY)	<u>MS</u> (STATE)	<u>39773</u> (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW 1 <u>082D115A 01900 00</u> 2 _____ 3 _____ 4 _____ 5 _____			REASON FOR CORRECTION/DELETION <u>REMOVED FROM HOMESTEAD ROLL</u> <u>IN ERROR</u>	

AUTHORIZATION

(FOR A CORRECTION)

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

SIGNED *Vertha Rupert*

(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 6th day of February 2012

589
SIGNED *Ray G. Berry*

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

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

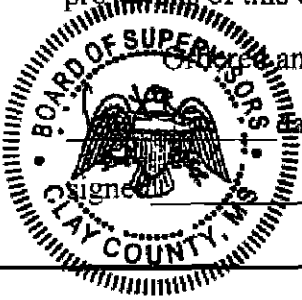
ORDER

This day came on for hearing and consideration by the Board of Supervisors of Clay County, Mississippi, petition of Touhe Henry, Sr + Andrew M weed for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 2011 Homestead Exemption Supplemental Roll as shown in said petition

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

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

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



and adjudged this the February, 2012 day of February, 2012 signed Luis Lunn

CLERK'S CERTIFICATE

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

Witness my hand and official seal, this the 5th day of February, 2012

Amy G. Berry
Clerk of the Board of Supervisors

PETITION TO ADJUST EXEMPTION ON HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL

YEAR 2011

Form 61 902 02 1 1 000 (Rev 9/04)
Forme ly 72 005

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

ADDITION ()

DELETIONS (X)

COUNTY CLAY

SCHOOL DISTRICT WEST POINT

MUNICIPALITY COUNTY

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
TALLIE HENRY SR	050-21-02200 00	20 00	1607	5178		6785		SOLD PROPERTY WITH HOUSE
WEED ANDREW M	014-22-0010100	43 00	1710	5345		7055		APPLICANTS DECEASED

591

INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

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

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

FOR MSTC USE ONLY

Total Net Effect
of adjustments

(Initial & date)

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

FOR MSTC USE ONLY

DELETION () CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 TALLIE HENRY SR [REDACTED]
(last name) (first name) (middle name) (social security no)

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

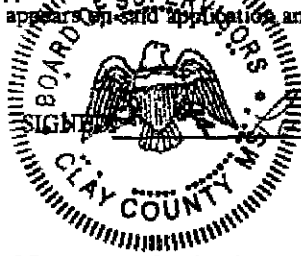
FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____ COUNTY _____		SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>TALLIE</u> <u>HENRY SR</u> <small>(LAST) (FIRST) (MIDDLE)</small>	SSN <u>[REDACTED]</u>	
NAME 2 _____ <small>(LAST) (FIRST) (MIDDLE)</small>	SSN _____	
ADDRESS <u>1770 DR SEARS RD</u> <small>(STREET)</small>	EXEMPTION CODE NO <u>2</u>	
<u>WEST POINT</u> <u>MS</u> <u>39773</u> <small>(CITY) (STATE) (ZIP)</small>	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION	
1 <u>050-21-002200 00</u>	<u>SOLD HOUSE AND OTHER PROPERTY</u>	
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the CLAY 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 [Signature]

(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 6th day of February 2012

592

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

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

FOR MSTC USE ONLY

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 WEED ANDREW MELVIN [REDACTED]
(last name) (first name) (middle name) (social security no)

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

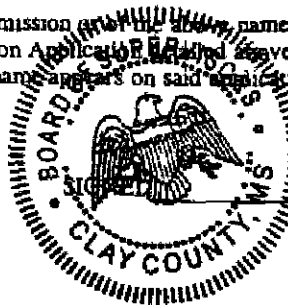
FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____	COUNTY _____	SCHOOL DISTRICT _____	WEST POINT _____
NAME 1 <u>WEED</u> (LAST)	<u>ANDREW</u> (FIRST)	<u>MELVIN</u> (MIDDLE)	SSN <u>[REDACTED]</u>
NAME 2 <u>WEED</u> (LAST)	<u>JEANNETTE</u> (FIRST)	<u>BOYCE</u> (MIDDLE)	SSN <u>[REDACTED]</u>
ADDRESS <u>11387 MOON HEARD RD</u> (STREET)			EXEMPTION CODE NO <u>2</u>
<u>PRAIRIE</u> (CITY)	<u>MS</u> (STATE)	<u>39756</u> (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION
1 <u>014-22-0010100</u>			<u>APPLICANTS DECEASED</u>
2 _____			_____
3 _____			_____
4 _____			_____
5 _____			_____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission and the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application is needed 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



[Handwritten Signature]

(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 6th day of February 2012

SIGNED [Handwritten Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

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

ORDER

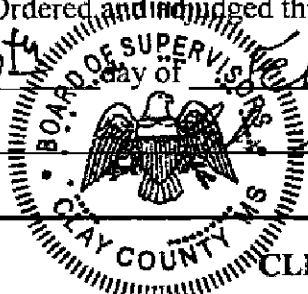
This day came on for hearing and consideration by the Board of Supervisors of Clay County, Mississippi, petition of Daniel Trivones for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 2011 Homestead Exemption Supplemental Roll as shown in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

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

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

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

Ordered and adjudged this the 6th day of February, 2012 signed [Signature]



CLERK'S CERTIFICATE

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

Witness my hand and official seal, this the 6th day of February, 2012
Anny B. Benz
Clerk of the Board of Supervisors

PETITION TO ADJUST EXEMPTION ON HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL

YEAR 2011

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

ADDITION ()

DELETIONS (X)

COUNTY CLAY

SCHOOL DISTRICT WEST POINT

MUNICIPALITY WEST POINT

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
IRIONS DANIEL	083D213A 00100 00		950	4720	5670			HOUSE BURNED

595

INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

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

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

FOR MSTC USE ONLY

Total Net Effect
of adjustments

(Initial & date)

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

FOR MSTC USE ONLY

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 IRIONS DANIEL
(last name) (first name) (middle name) (social security no)

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

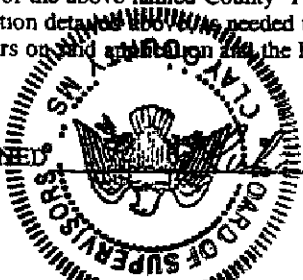
FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY <u>WEST POINT</u>			SCHOOL DISTRICT <u>WEST POINT</u>
NAME 1 <u>IRIONS</u> <u>DANIEL</u> <small>(LAST)</small> <small>(FIRST)</small> <small>(MIDDLE)</small>	SSN <u> </u>		
NAME 2 _____ <small>(LAST)</small> <small>(FIRST)</small> <small>(MIDDLE)</small>	SSN _____		
ADDRESS <u>205 WALTER WELLS RD</u> <small>(STREET)</small>	EXEMPTION CODE NO <u>1</u>		
<u>WEST POINT</u> <u>MS</u> <u>39773</u> <small>(CITY)</small> <small>(STATE)</small> <small>(ZIP)</small>	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION		
1 <u>083D213A 00100 00</u>	<u>HOUSE BURNED</u>		
2 _____	_____		
3 _____	_____		
4 _____	_____		
5 _____	_____		

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on and is listed on 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 6th day of February 2012

596

SIGNED

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

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

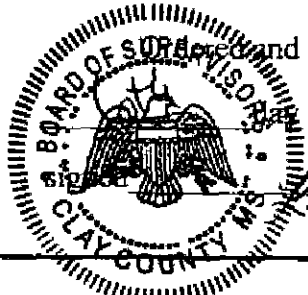
ORDER

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

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

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

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

and adjudged this the February, 2012
[Signature]


CLERK'S CERTIFICATE

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

Witness my hand and official seal, this the 6th day of February, 2012
[Signature]
Clerk of the Board of Supervisors

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

Form CI 907 07 1 1 000 (Rev 9/04)
Formerly 77 005

YEAR 2011

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

ADDITION ()

DELETIONS ()

COUNTY CLAY

SCHOOL DISTRICT COUNTY

MUNICIPALITY COUNTY

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
CHANDLER SARAH	073-18-0241000	2	578			578		LEFT OFF APPLICATION IN ERROR
CHANDLER THORA	023-04-0060000	78	2746	3570		6316		REMOVED IN ERROR

20

898

INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

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

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

FOR MSTC USE ONLY

Total Net Effect
of adjustments

(Initial & date)

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

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 CHANDLER THORA _____
(last name) (first name) (middle name) (social security no)

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

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

MUNICIPALITY _____ COUNTY _____			SCHOOL DISTRICT _____ COUNTY _____
NAME 1 <u>CHANDLER</u> <u>THORA</u> (LAST) (FIRST) (MIDDLE)	[REDACTED]		
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____		
ADDRESS <u>20996 HWY 46</u> (STREET)	EXEMPTION CODE NO <u>2</u>		
<u>PHEBA</u> <u>MS</u> <u>39755</u> (CITY) (STATE) (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION		
1 <u>023-04-00600 00</u>	REMOVED FROM ROLL IN ERROR-		
2 _____	HAD THE WRONG PARCEL NUMBER		
3 _____	ON ORIGINAL APPLICATION		
4 _____			
5 _____			

AUTHORIZATION

(FOR A CORRECTION)

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

SIGNED *Wentha Rupert*

(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 10th day of February 2012

599
SIGNED *Ray H. Berry*

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

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

DELETION () CORRECTION (X)

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2011

NAME 1 CHANDLER SARAH _____
(last name) (first name) (middle name) (social security no)

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

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

MUNICIPALITY _____	COUNTY _____	SCHOOL DISTRICT _____	COUNTY _____
NAME 1 <u>CHANDLER</u> <u>SARAH</u> (LAST) (FIRST) (MIDDLE)	SSN <u> </u>		
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____		
ADDRESS <u>250 SCHOOL BUS DRIVE</u> (STREET)	EXEMPTION CODE NO <u>2</u>		
<u>MABEN</u> <u>MS</u> <u>39750</u> (CITY) (STATE) (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION		
1 <u>073 18 02410 00</u>	LEFT OFF APPLICATION IN ERROR		
2 _____	_____		
3 _____	_____		
4 _____	_____		
5 _____	_____		

AUTHORIZATION

(FOR A CORRECTION)

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

SIGNED *Veretha Rupert*

(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

RECEIVED
MAR 28 2012

Witness my signature and official seal This the 6th day of February 2012

EXEMPTION & PUBLIC

SIGNED *Ray H. Bey*

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

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

ORDER

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

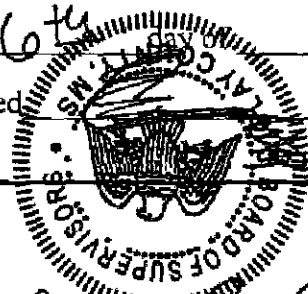
And it appearing to the Board of Supervisors from the evidence both oral and documentary, offered in support of said adjustment(s) that the exemption(s) should be adjusted

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

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

Ordered and adjudged this the

6th February, 2012
signed [Signature]



CLERK'S CERTIFICATE

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

Witness my hand and official seal, this the 6th day of February 2012
[Signature]
Clerk of the Board of Supervisors

PETITION TO ADJ EXEMPTION ON

Form 61 907 02 1 1 000 (Rev 9/04)
 Form 61 907 02 1 1 000 (Rev 9/04)

YEAR 2011

HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL

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

ADDITION () DELETIONS (X)

COUNTY CLAY SCHOOL DISTRICT COUNTY MUNICIPALITY COUNTY

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
THOMPSON MAE CLIETT	037-12-00900 00	40 00	1009	-0-		1009		APPLICANT DECEASED-FAILED TO REMOVE PARCEL & H/E
THOMPSON MAE CLIETT	037-11-00600 00	100 00	3591	2967		6558		APPLICANT DECEASED-FAILED TO REMOVE PARCEL & H/E

602

INSTRUCTIONS
 PAGE & LINE NUMBERS ARE NOT REQUIRED

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

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

FOR MSTC USE ONLY

Total Net Effect of adjustments

(Initial & date)

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

FOR MSTC USE ONLY

DELETION () CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO _____ COUNTY CLAY
YEAR 2011

NAME 1 THOMPSON MAE CLIETT _____
(last name) (first name) (middle name) (social security no)

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

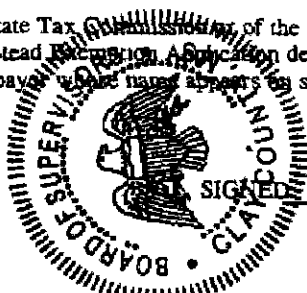
FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____	COUNTY _____	SCHOOL DISTRICT _____	COUNTY _____
NAME 1 <u>THOMPSON</u> (LAST)	<u>MAE</u> (FIRST)	<u>CLIETT</u> (MIDDLE)	SSN <u>██████████</u>
NAME 2 _____ (LAST)	_____ (FIRST)	_____ (MIDDLE)	SSN _____
ADDRESS <u>16389 HWY 46</u> (STREET)	EXEMPTION CODE NO <u>2</u>		
<u>PHEBA</u> (CITY)	<u>MS</u> (STATE)	<u>39755</u> (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBFR(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION		
1 <u>037-12-00900 00</u>	APPLICANT DECEASED-FAILED TO		
2 <u>037-11-00600 00</u>	DELETE THESE PARCELS		
3 _____	_____		
4 _____	_____		
5 _____	_____		

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission 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



Lake L...
199

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors of 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 10th day of February 2012

603

SIGNED

Ray G. Bey

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

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

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO _____ COUNTY Clay
YEAR 2008
NAME 1 Cochran David R _____
(last name) (first name) (middle name) (social security no)

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

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

MUNICIPALITY _____			SCHOOL DISTRICT _____		
NAME 1 (LAST) (FIRST) (MIDDLE)			SSN _____		
NAME 2 (LAST) (FIRST) (MIDDLE)			SSN _____		
ADDRESS (STREET)			EXEMPTION CODE NO _____		
(CITY) (STATE) (ZIP)			1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION		
1 061 33 0030300			Wrong parcel number listed on application		
2 _____			_____		
3 _____			_____		
4 _____			_____		
5 _____			_____		

AUTHORIZATION

(FOR A CORRECTION)

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

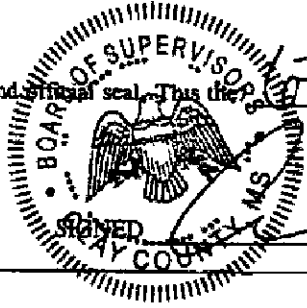
SIGNED Paige Lambert

604

(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 12 day of February 20 12



FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

PETITION FOR REDUCTION OF ASSESSMENT

Property of Susan McCraw School Dist. West Point Road Dist. 221

STATE OF MISSISSIPPI

COUNTY OF Clay

Now comes Paige Lamkin and applies for a reduction in the assessments

against the petitioners on the Real Assessment Roll for the year 2011

PER ATTACHED FORM 50 606

TOTAL 9778

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF Clay

Page	Line	Parcel	Land	Improvements	Total Value	Change
		114090310000	1290	8488	9778	267

Owner _____ Reason for change clerical error

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

AFFIANT _____ TAXPAYER _____

Witness my signature this the 6th day of February 2012

TAX ASSESSOR Paige Lamkin

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI
COUNTY OF Clay

ORDER

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

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 9,778 and said changes being 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 The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 6th day of February 2012
[Signature]
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I Amy B. Benz Clerk of the Board of Supervisors of Clay County State of Mississippi do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors passed on the day 6th of February 2012 as the same appears on Page _____ of Minute Book 232 of said Board now on file in the office of said Clerk in the

Charney of Clay in said County
Clerk's Office of
Witness my hand and official seal this the 6th day of February 2012
[Signature]
Clerk of the Board of Supervisors of said County

PETITION FOR REDUCTION OF ASSESSMENT

Property of John C Sarge III School Dist West Point Road Dist 221
 STATE OF MISSISSIPPI
 COUNTY OF Clay
 Now comes Paige Lamkin and applies for a reduction in the assessments
(Taxpayer or Affiant Taxpayer)
 against the petitioners on the Real Assessment Roll for the year 2011
(Re 1 or P 200 1)
 PER ATTACHED FORM 60-606 TOTAL 17886

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI
 COUNTY OF Clay

Page	Line	Parcel	Land	Improvements	Total Value	Change
		056060031100	7568	10318	17886	10318

Owner _____ Reason for change Clay error

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

AFFIANT _____ TAXPAYER _____
 Witness my signature this the 6th day of February 2012
 TAX ASSESSOR Paige Lamkin

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI
 COUNTY OF Clay

ORDER

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

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 15,886 and said changes being 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. The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 6th day of February 2012
Leah L...
 (President of Board of Supervisors)

CLERK'S CERTIFICATE

I Amy G Benz Clerk of the Board of Supervisors of Clay County State of Mississippi do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors passed on the day 6th of February 2012 as the same appears on Page _____ of Minute Book 232 of said Board now on file in the office of said Clerk in the Chancery of Clay in said County

Witness my hand and official seal this the 6th day of February 2012
Amy G Benz
 Clerk of the Board of Supervisors of said County

PETITION FOR REDUCTION OF ASSESSMENT

Property of Annie Smith School Dist. West Point Road Dist. 121

STATE OF MISSISSIPPI

COUNTY OF Clay

Now comes Paige Lamkin and applies for a reduction in the assessments against the petitioners on the Real Assessment Roll for the year 2011

PER ATTACHED FORM 60 606 TOTAL: 9315

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF Clay

Page	Line	Parcel	Land	Improvements	Total Value	Change
		<u>061340320000</u>	<u>4200</u>	<u>5115</u>	<u>9315</u>	<u>5115</u>

Owner _____ Reason for change Building not on land

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

AFFIANT _____ TAXPAYER _____

Witness my signature this the 6th day of February, 2012

TAX ASSESSOR Paige Lamkin

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

ORDER

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

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 9315 and said changes being 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 The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 6th day of February, 2012
John L...
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I Amy G. Benz Clerk of the Board of Supervisors of Clay County State of Mississippi, do hereby certify that the foregoing

is a true and correct transcript of an order of said Board of Supervisors passed on the day 6th of February, 2012 as the same appears on Page _____ of Minute Book 232 of said Board now on file in the office of said Clerk in the

Chancy Clark of Clay in said County

Witness my hand and official seal this the 6th day of February, 2012

608 Amy G. Benz
Clerk of the Board of Supervisors of said County

PETITION FOR REDUCTION OF ASSESSMENT

Property of Three R Creations School Dist. West Point Road Dist. 301

STATE OF MISSISSIPPI

COUNTY OF Clay

Now comes Paige Lamkin and applies for a reduction in the assessments against the petitioners on the Real Assessment Roll for the year 2011

PER ATTACHED FORM 60 606 TOTAL: 1517

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF _____

Page	Line	Parcel	Land	Improvements	Total Value	Change
		<u>0818059900</u>	<u>0</u>	<u>1517</u>	<u>1517</u>	<u>738</u>

Owner _____ Reason for change Calculation error

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

AFFIANT _____ TAXPAYER _____

Witness my signature this the 10th day of February 2012

TAX ASSESSOR Paige Lamkin

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

ORDER

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

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 1,517 and said changes being 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 The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 10th day of February 2012

Leke Lamm
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I Amy G. Berry Clerk of the Board of Supervisors of Clay County State of Mississippi do hereby certify that the foregoing

is a true and correct transcript of an order of said Board of Supervisors passed on the day 10th of February 2012 as the same appears on Page _____ of Minute Book 232 of said Board now on file in the office of said Clerk in the

Chancery of Clay in said County

Witness my hand and official seal this the 10th day of February 2012

Amy G. Berry
Clerk of the Board of Supervisors of said County

PETITION FOR REDUCTION OF ASSESSMENT

Property of Sue Williams School Dist Clay County Road Dist 531

STATE OF MISSISSIPPI
COUNTY OF Clay

Now comes Paige Lamkin and applies for a reduction in the assessments against the petitioners on the Real Assessment Roll for the year 2011
(Max. Age of Affiant Taxpayer)
(R or Personal)

PER ATTACHED FORM 60 606 TOTAL: 9506

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI
COUNTY OF Clay

Page	Line	Parcel	Land	Improvements	Total Value	Change
		09722 0020000	4759	4747	9506	5468

Owner _____ Reason for change clerical error

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

AFFIANT _____ TAXPAYER _____
Witness my signature this the 6th day of February 2012
TAX ASSESSOR Paige Lamkin

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI
COUNTY OF Clay

ORDER

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

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 9,506 and said changes being 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 The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 6th day of February 20 12
John L. Linn
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I Amy G. Benz Clerk of the Board of Supervisors of Clay County State of Mississippi do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors passed on the day 6th of February 20 12 as the same appears on Page _____ of Minute Book 232 of said Board now on file in the office of said Clerk in the

Chavon of Clay in said County
Witness my hand and official seal this the 6th day of February 20 12
Amy G. Benz
Clerk of the Board of Supervisors of said County

PETITION FOR REDUCTION OF ASSESSMENT

Property of Regional Fnd. of M/H School Dist. West Point Road Dist. 301

STATE OF MISSISSIPPI

COUNTY OF Clay

Now comes Paige Lamkin and applies for a reduction in the assessments

against the petitioners on the Real Assessment Roll for the year 2011

PER ATTACHED FORM 60-606 TOTAL 90878

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF Clay

Page	Line	Parcel	Land	Improvements	Total Value	Change
		<u>082A410B028000</u>	<u>2173</u>	<u>69105</u>	<u>90878</u>	<u>90878</u>

Owner _____ Reason for change _____

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

AFFIANT _____ TAXPAYER _____

Witness my signature this the 6th day of February 2012

TAX ASSESSOR Paige Lamkin

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

ORDER

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

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 90,878 and said changes being 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 The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 6th day of February 2012
[Signature]
(President of Board of Supervisors)

CLERK S CERTIFICATE

I Amy B. Benz Clerk of the Board of Supervisors of Clay County State of Mississippi do hereby certify that the foregoing

is a true and correct transcript of an order of said Board of Supervisors passed on the day 6th of February 2012 as the same appears on Page _____ of Minute Book 232 of said Board now on file in the office of said Clerk in the

Chavez Clay of Clay in said County
office
Witness my hand and official seal this the 6th day of February 2012
[Signature]
Clerk of the Board of Supervisors of said county

PETITION FOR REDUCTION OF ASSESSMENT

Property of Regional Fnd. of M/H School Dist West Point Road Dist 501

STATE OF MISSISSIPPI

COUNTY OF Clay

Now comes Paige Lamkin and applies for a reduction in the assessments

against the petitioners on the Real Assessment Roll for the year 2011

PER ATTACHED FORM 60 606

TOTAL 60261

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF _____

Page	Line	Parcel	Land	Improvements	Total Value	Change
		082NH5F 0240000	24910	35351	60261	60261

Owner _____ Reason for change _____

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

AFFIANT _____ TAXPAYER _____

Witness my signature this the 6th day of February, 2012

TAX ASSESSOR Paige Lamkin

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

ORDER

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

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 60,261 and said changes being 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 The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 6th day of February 2012
Luke L...
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I Ann B. Benz Clerk of the Board of Supervisors of Clay County State of Mississippi do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors passed on the day 6th of February 2012 as the same appears on Page _____ of Minute Book 232 of said Board now on file in the office of said Clerk in the Chancery Clerk's Office of Clay County in said County

Witness my hand and official seal this the 6th day of February 2012

Ann B. Benz
Clerk of the Board of Supervisors of said County

PETITION FOR REDUCTION OF ASSESSMENT

Property of James Winters School Dist West Point Road Dist 201

STATE OF MISSISSIPPI

COUNTY OF Clay

Now comes Page Lamkin and applies for a reduction in the assessments

(Tax Assessor or Affiant Taxpayer)

against the petitioners on the Real Assessment Roll for the year 2011

(Real or Personal)

PER ATTACHED FORM 60 606 TOTAL 31355

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF Clay

Page	Line	Parcel	Land	Improvements	Total Value	Change
		092B123A0041400	3375	27980	31355	10452

Owner _____ Reason for change clerical error

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

AFFIANT _____ TAXPAYER _____

Witness my signature this the 6th day of February 2012

TAX ASSESSOR Page Lamkin

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

ORDER

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

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 31,355 and said changes being 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 The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 6th day of February 2012

John L. Luman
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I Amy G. Benz Clerk of the Board of Supervisors of Clay County State of Mississippi do hereby certify that the foregoing

is a true and correct transcript of an order of said Board of Supervisors passed on the day 6th of February 2012 as the same appears on Page _____ of

Minute Book 232 of said Board now on file in the office of said Clerk in the

Chancery
Clerk's Office of Clay in said County

Witness my hand and official seal this the 6th day of February 2012

Amy G. Benz
Clerk of the Board of Supervisors of said county

PETITION FOR REDUCTION OF ASSESSMENT

Property of Bobby Cliett School Dist West Point Road Dist 101

STATE OF MISSISSIPPI
COUNTY OF Clay

Now comes Paige Lamkin and applies for a reduction in the assessments
(Taxpayer) against the petitioners on the Real Assessment Roll for the year 2011
(Real or Personal)

PER ATTACHED FORM 60-606 TOTAL: 9454

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI
COUNTY OF _____

Page	Line	Parcel	Land	Improvements	Total Value	Change
		<u>010401A003000</u>	<u>2913</u>	<u>6541</u>	<u>9454</u>	<u>2751</u>

Owner _____ Reason for change clerical error

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

AFFIANT _____ TAXPAYER _____
Witness my signature this the 6th day of February 2012
TAX ASSESSOR Paige Lamkin

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI
COUNTY OF Clay

ORDER

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

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 9454 and said changes being 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. The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 6th day of February 2012
616 Lehr Linn
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I Amy B Benz Clerk of the Board of Supervisors of Clay County State of Mississippi do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors passed on the day 6th of February 2012 as the same appears on Page _____ of Minute Book 232 of said Board now on file in the office of said Clerk in the

Chawrence of Clay Co. in said County
Clerk's Office witness my hand and official seal this the 6th day of February 2012
Amy B Benz
Clerk of the Board of Supervisors of said County

NO _____

IN THE MATTER OF ADJOURNING

There came on this day for consideration the matter of adjourning

After motion by R B Davis and second by Lynn Horton this Board doth vote unanimously to adjourn until Thursday, February 9th, 2012, at 9 00 a m at the Clay County Courthouse

SO ORDERED this the 6th day of February, 2012

Luhe Lumsden

President

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