

**BE IT REMEMBERED** that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, Mississippi, on the 27<sup>th</sup> day of September, 2012, at 9 00 o'clock 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, Michelle D Easterling (for Bob Marshall), Board Attorney, and Eddie Scott, Sheriff, when and where the following proceedings were had and determined, to-wit

NO \_\_\_\_\_

**IN THE MATTER OF ADOPTING AND AMENDING THE AGENDA FOR THE  
BOARD OF SUPERVISORS MEETING HELD ON SEPTEMBER 27, 2012**

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There came on this day for consideration the matter of adopting and amending the agenda for the Board of Supervisors meeting held on September 27, 2012


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

- Margaret Davenport
- Shelton Deanes – request for Executive Session in the matter of a personnel issue

After motion by Shelton Deanes and second by R B Davis, this Board doth vote unanimously for the agenda to be adopted as presented and for the amendments referenced above to be considered by this Board and that such agenda be approved



SO ORDERED, this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President





NO \_\_\_\_\_

**IN THE MATTER OF ACCEPTING METRO HOME INSPECTION  
PROPOSAL AS THE HOME INSPECTOR FOR THE  
HOME PROJECT GRANT**

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There came on this day for consideration the matter of accepting Metro Home Inspection's proposal for the building inspector for the HOME Project Grant

It appears to this Board that the Golden Triangle Planning and Development has had an opportunity to review the building inspector proposals for the HOME Project Grant and their recommendation at this time is for the Board to accept the Metro Home Inspection, LLC proposal

After motion made by Lynn Horton and second by Floyd McKee, this Board doth vote unanimously to accept the proposal of Metro Home Inspection, LLC to be the building inspector for the 2010 HOME Project Grant

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012


  
\_\_\_\_\_  
President

**HOUSING INSPECTOR PROPOSALS**  
**Clay County, Mississippi**  
**DATE September 6, 2012**

NAME	QUALIFICATIONS (40 POINTS)	EXPERIENCE IN SIMILAR PROJECTS (40 POINTS)	CAPACITY TO DO WORK TIMELY (20 POINTS)		REMARKS
Metro Home Insp	40	40	20	100	\$12.00/unit
Blockett Insp	40	40	15	95	12.00/unit

588

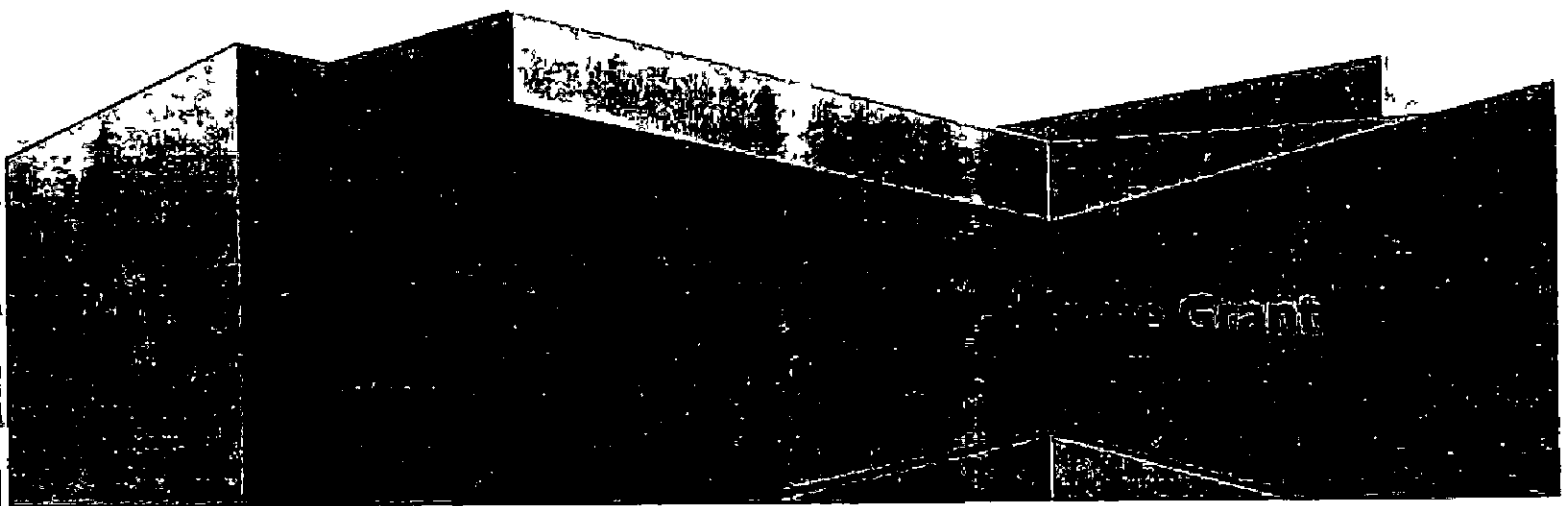
- (1) QUALIFICATIONS - General knowledge and expertise in providing services (40 pts)
- (2) EXPERIENCE - Past experience in similar projects, i.e. CDBG and HOME program (40 pts)
- (3) CAPACITY - Capability of staff to perform work in a timely manner (20 pts)

  
 Clay County Board of Supervisors

Date 9/6/12

# **Blockett Inspection, LLC.**

**Inspection and Management Company**



## **CAPABILITIES STATEMENT**

### **OVERVIEW**

Blockett Inspection, LLC, is a minority and woman-owned company that have successfully operated in the Mississippi construction market for the past eighteen years, focusing primarily on inspections and residential development. We are a company committed to consistently performing services that produce client satisfaction and ultimately building strong associations.

**Our Primary Mission-** to provide service to clients in a "spirit of excellence." Our company's vision is to ensure project deliverables in a timely manner and maintain client satisfaction. Our highly skilled management team has built successful relationships in the areas of project and construction management including inspection services.

**Our Corporate Mission-** we promise to provide high quality services that are readily accessible to all industries, and to work in partnership with these industries to provide services meeting their changing needs. We are dedicated to assisting our clients to become more efficient thus affording them time to devote to their craft.

### **PROJECT MANAGEMENT SERVICES**

- Inspection Services
- Bid Preparation
- Schedule Preparation
- Contract Administration
- Contract Negotiation
- Project Organization
- Budget Tracking
- Resource Planning
- Construction Site Management
- Quality Assurance/Quality Control
- Financial Analysis
- Prepare Scope of Work
- Project Closeout
- Project Status Reporting

### **Company History**

Blockett Inspection began in 1997 as a residential inspection and light commercial construction company. For the next 15 years the company expanded slowly.

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Blockett Inspection

Working mostly on small scale residential projects while gaining a reputation for quality services and reliability

In early 2005, the company's leadership decided Blockett's operational direction was not in tandem with the national market trend. Therefore, it was decided that they would redirect its business focus to residential land development and commercial projects while continuing to foster its inspection division. The company's implementation of this change began in early-to-mid 2005. The majority of the business changes will be completed or in full implementation by late 2008.

Our diversified team is comprised of both full-time and Project Executives and Managers who interact to solve problems. Our staff comes from a variety of backgrounds and has extensive experience in general contracting, architecture, design, land development, and inspections.

**Company Ownership**

Blockett Inspection is a Limited Liability Company registered in the state of Mississippi. Cynthia Blockett is the managing principal that has extensive experience in residential development. The company has a core group of employees and also consults with skilled individuals on an as need basis.

Strategic plans for the company indicate that additional business locations will be identified in other areas as the company takes advantage of various business opportunities that arise.

**Statement of Qualification**

**Inspection Manager for Blockett Inspection and Construction.**

Blockett manages projects per month, requiring completed reengineering, negotiating, coordinating, and evaluating contract schedules, preparing cost estimates, and contract agreements. We provide management to construction engineers, and safety programs ensuring strict adherence to usage of proper tools and safety standards. Develops and promotes team leader improvement programs, providing duality leadership direction, accountability, and responsible for projects over the square mile radius. Assists in developing policy and regulation to conduct enforcement inspections. Inspector for the State House Project, 203K Consultant, Asbestos, Lead Based Paint, Mold, and Abatement.

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Blockett Inspection

### **Asbestos Inspector**

Licensed in the state of Mississippi to perform Asbestos Inspections on both residential and commercial properties. We have extensive experience in providing asbestos assessment and management services in conjunction with renovation and demolition projects. Prior to renovation or demolition, affected areas must be inspected for the presence or absence of asbestos-containing materials. Upon completion of testing, recommendations for remediation will be provided to the client according to HUD and DEQ guidelines.

### **Lead-Based Paint Assessment**

Licensed in the State of Mississippi to remove/abate Lead-Based Paint according to federal regulation CRF 24, using safe practices. Abatement can include any or all of the following procedures, encapsulation, enclosure, replacement, or removal.

### **HUD Inspector for AFR & Associates in Atlanta**

Performs inspections for U.S. Department of Housing and Urban Development. Monitors the project and architect's performance. Holds meetings on site during the first phases of construction to explain the various HUD procedures. Makes a minimum of 2 bi-monthly inspections.

### **Code Compliance Officer and Inspector for City of Cleveland Public Works**

Performed code compliance inspections in the area of Electrical, Plumbing, Mechanical, Zoning and conducted residential and commercial inspections on new and existing construction to ensure policy and regulation code enforcement. Developed project plans, policy and procedures, and human resource practices covering departmental employee training program. Created and maintained engineering drawings using automated tools. Managed records and other support documentation pertaining to daily inspections, and code violations. Provided on-site customer support, solidifying technical issues, resolving specific inquiries pertaining to code compliance regulations. Provided product support for customers to enhance quality and ensure expectations are met. Managed the removal for violations of city ordinances on city properties and public right of ways. Co-chaired all planning commission meetings and other meetings pertaining to the Town Hall.

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Blockett Inspection



**MDA (HOME GRANT) Project List**

- |                     |                     |
|---------------------|---------------------|
| Town of Centreville | Town of Gunnison    |
| Town of Woodville   | Noxubee County      |
| Town of Cruger      | Winston County      |
| Town of Renova      | Town of Coldwater   |
| Town Shaw           | Town of Crowder     |
| Town Sidon          | Town of Sledge      |
| Town of Beulah      | Town of Mound Bayou |
| Grenada Count       |                     |
| Choctaw County      |                     |
| Town of Morgan City |                     |

**HUD Project List**

- Timberlawn Place, Jackson, MS
- Miller Park Apartments, Meridian, MS
- Sunflower Lane Apartments, Clarksdale, MS
- Timber Hills Housing of Prentiss County (St Mark Villa II), Jackson, MS
- Highland View Apartments, Jackson MS
- St Mark Villa I, Jackson, MS
- Delta Partners Manor II, Drew, MS
- Delta Partners Manor I, Shelby MS
- Point Church Place, Memphis, TN
- St Peter Manor, Memphis TN
- Union Health Care Center, New Albany, MS
- Lexington Manor Nursing Home, Lexington, MS
- Bridgewater, Brandon, MS
- Willie Brown Manor, Belzoni, MS

***Blockett Inspection can perform the following tasks:***

- The project manager will serve as a single point of contact and act as a liaison between the subcontractors and the client for all work required under the contract

***Project Management.***

- Weekly status reports will be presented to the client during meetings
- Written monthly progress reports- these reports shall summarize all work performed, information gained or problems encountered during construction
- All subcontractor invoices will be reviewed for accuracy before submittal to the client

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Blockett Inspection

- The PM will develop and update the project schedule
- Coordination of all subcontractors will be conducted to minimize project delay

#### ***Meetings***

- A kick off meeting will be held with the client and all subcontractors to confirm project objectives and project deliverables and to discuss change order request
- A weekly status meeting will be held with the client where a updated schedule and budget will be presented

#### ***Site Selection Phase***

- **Blockett Inspection** will check site for logistical problems, layout and convenient access to the site
- Will assist client in reviewing survey and soil borings reports if necessary

#### ***Programmatic Phase***

- Write a scope of work for each sub-consultant
- If necessary, met with elected officials to inform them of the project
- Prepare outline specifications for sub contractors to accompany A/E drawings

#### ***Design Development Phase***

- Review plans sections, elevations, civil engineering studies, structural, mechanical, electrical, and site design
- Develop a construction schedule outline and provide a cash flow analysis

#### ***Bidding or Negotiation Phase***

- Ensure that all permits and contractor licenses are verified
- Conduct project bidding and cost analysis
- Solicit bids and recommend the most qualified contractor
- Review, evaluate and award construction contracts

#### ***Construction Management Phase***

- Establish construction schedule and conduct progress meetings with subcontractor
- Ensure the project will conform to applicable codes, commitment exhibits and sound construction practices
- Conduct Inspections of all construction
- We will provide project oversight of all construction related activities

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Blockett Inspection

### **Project Close-out Phase**

- Insure that the A/E documents are in accordance with design criteria and final "As Built" drawings are submitted to the client
- Prepare field inspection reports to ensure compliance with contract documents
- Insure that the Final clean-up "punch list" items are completed by Contractor
- Final Inspection- insure properties receive a Certificate of Occupancy

### **Accreditation/Licenses**

Blockett Inspection currently has the following certifications

- Mississippi State Asbestos Inspector
- Department of HUD – 230K consultant – HUD Inspector
- State of Mississippi Department of Environmental Quality – State Lead Inspector
- State of Mississippi Home Inspector – State of Mississippi – LHB0176
- State of Mississippi Home Program Residential Rehabilitation Housing
- State of Mississippi Lead Based-Paint Remodeling Remover
- U S Department of Housing and Urban Development – HUD Inspection – J903
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### **A/E Services**

Blockett offers a comprehensive package of services designed to allow the client to work with one of our staff members creating a project the company can carry from infancy to completion. We offer a myriad of services including

- |                             |                               |
|-----------------------------|-------------------------------|
| • Site Selection & Geometry | • Environmental Impact        |
| • Phased Design Review      | • Construction Specifications |
| • Technical Review          | • Constructability Reviews    |
| • Bid Documents Preparation | • Construction Management     |
| • Geotechnical Requirements | • Construction Inspection     |

### **Our Client Base**

Blockett Inspection has experience working with various industries. We are committed to providing our customers with quality services.

- |  |                                     |
|--|-------------------------------------|
| • State, Local and Federal Government Agencies | • Residential/Commercial Developers |
| • Architectural Engineering Companies          | • Educational Facilities            |
|  | • Religious Organizations           |
|  | • Contractors                       |

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Blockett Inspection

CYNTHIA M BLOCKETT  
805 Beach Street  
P O Box 4020  
Cleveland, MS 38732  
662-719-7861  
[cynthiablockett@yahoo.com](mailto:cynthiablockett@yahoo.com)

QC & QA INSPECTOR  
BUILDING INSPECTOR  
CONSTRUCTION CONSULTANT  
LEAD BASE PAINT INSPECTOR  
CONSTRUCTION INSPECTOR  
PROJECT PLANNER  
ARCHITECTURAL ENGINEERING TECHNICIAN  
ASBESTOS INSPECTOR

#### EDUCATION

Mississippi Valley State University – B S Industrial Technology – Architecture

#### PROFESSIONAL EXPERIENCE

BLOCKETT INSPECTION & CONSTRUCTION, CLEVELAND, MISSISSIPPI 1997-200

##### *Inspection Manager*

Managed projects requiring completed reengineering and design

- ◆ Negotiated, coordinated and evaluated contracts and schedules
- ◆ Prepared cost estimates and contract agreements
- ◆ Coordinated multiple projects, orchestrated meetings, and developed timelines
- ◆ Ensured projects completed on schedule following established procedures and schedules
- ◆ Promoted a team environment and provided work direction and guidance including coaching, professional development
- ◆ HUD Inspection and Consultants procedures were properly followed at each phases of construction
- ◆ HUD – HQS Section 8 inspection

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Blockett Inspection

*HUD Inspector*

Performed inspections for U S Department of Housing and Urban Development

- ◆ Monitored the project and architect's performance Coordinated with owner and contractors
- ◆ Held meetings on site during the first phases of construction
- ◆ Ensured all various HUD procedures were properly followed at each phases of construction
- ◆ Made a minimum of 2 bimonthly inspections
- ◆ Coordinated with the contractor to facilitate a monthly draw

**ICF INTERNATIONAL – ROAD HOME  
2007**

2006-

*Short term contract position*

*Rehab Specialist – Lead Base Paint Inspector (CDBG Grant Program)*

Assigned to Road Home Small Rental Program Joint Office in New Orleans Mound Bayou

- ◆ Performed QC/QA inspection and cost estimates in the HDP software
- ◆ Produce documents from HUD, DEQ, and EPA laws and guidelines for Lead-Base paint
- ◆ Consulted sub-contractors on issues pertaining to risk assessment of Lead-Base paint
- ◆ Advise owners on Lead-Base Paint, Universal Design, Green Building, and Building Code with an Occupancy Status

**DEWBERRY – GOODKIND, INC , CARLISLE, PA**

2005-2006

*Short term contract position*

*NISTAC (Nationwide Infrastructure Support Technical Assistance Consultants)*

Assigned to FEMA Joint Field Office in Baton Rouge, Mound Bayou Provide technical support for Gulf Coast Recovery, in planning Hurricane Evacuation Plan for the State of Mound Bayou

- ◆ Use the U S Cost Guard Incident Management Handbook to provide planning support to parish officials during development of evacuation plans
- ◆ Input into Sharepoint software solution to ensure all plans and actions were coordinated
- ◆ Produce document to identify remaining gaps and unanswered questions in the Mound Bayou Parishes for an evacuation

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Blockett Inspection

FLUOR GOVERNMENT GROUP, GONZALES, LA

2005-2006

*Short term contract position*

*QC/QA Inspector and Lease In Inspection*

Assigned to the area with Hurricane Katrina and Rita Task force

- ◆ Provided competent and efficient inspectors for FEMA emergency housing installations
- ◆ Coordinated with landlords and new tenants to ensure all Set-Up inspections and the Ready for Occupancy Status was obtained
- ◆ Performed more than 750 inspections of temporary homes Reviewed and all installation from a technical and human standpoint to ensure all tenants safe housing
- ◆ Assisted new tenants in the proper operation of items in each home
- ◆ Coordinated the filing and recording inspection reports with FEMA

RONALD R. GREENE AIA/NOMA ARCHITECT & ASSOCIATES, MEMPHIS, TN

1997-2000

*Draft Persons - Part Time*

Drawing blue prints on AutoCAD 14 Skilled in drawing techniques and knowledge in the latest construction materials

- ◆ Performed on site inspections, foundation inspections, plumbing inspections, electrical inspections, framing and miscellaneous inspections

CITY OF CLEVELAND PUBLIC WORK, CLEVELAND, MISSISSIPPI

1987-1999

*Code Compliance Office and Inspector*

Performed code compliance inspections Electrical, Plumbing, Mechanical, Zoning

- ◆ Conducted residential and commercial detail inspections on new and existing construction to ensure policy and regulation code enforcement
- ◆ Developed project plans, policy and procedures, and human resource practices covering departmental employee training program
- ◆ Provided on site customer support by solidifying technical issue and resolving specific inquiries pertaining to code compliance regulations
- ◆ Provided product support for customers to enhance quality and ensure expectations were met
- ◆ Co-chaired all planning commission meetings and meeting pertaining to Public Works Department

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Blockett Inspection



**PROFESSIONAL TRAINING & DEVELOPMENT**

Lead Base Inspection Refresher - Mound Bayou State University

SBCCI and International Code - State of Mississippi

International Residential Electrical Code, Inspectors

Mississippi Home Program Residential Rehabilitation Housing

International Residential Building Code Inspectors

Lead Safety Training – Remodeling and Repair Lead Base Painting

Mississippi State Home Inspection Broad - MH IB Sponsored CEU Class

Mississippi Delta Junior College – AutoCAD

Mississippi Delta Junior College - Surveying and Topographic

Mississippi Community Services Division- Community Development Block Grant

**LICENSES**

U S Department House and Urban Development

Lead Base Paint Remodeling Remover

State of Mississippi Home Inspector

HUD Inspector and 203 Consultants

State Mississippi Lead Base Inspector

State Mississippi Asbestos Inspector

State Mississippi Contractors

**SOFTWARE SKILLS**

Microsoft Word, Microsoft Excel, Sharepoint, Outlook Webmail, and AutoCad

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Blockett Inspection

# BLOCKETT INSPECTION

P O BOX 4020  
805 BEACH STREET  
CLEVELAND MS 38732  
662 719-7861 OR 662 846-1924  
EMAIL [CYNTHIABLOCKETT@BLOCKETTINSPECTION.COM](mailto:CYNTHIABLOCKETT@BLOCKETTINSPECTION.COM)

August 27, 2012

## **RE: Bids for Inspection on Rehabilitation Project: The Clay County**

**BI (Blockett Inspection) proposes to provide a detailed Home inspection materials survey of around 1000 to 1500 square foot House structure located in Clay County**

**AS A HOME INSPECTION LICENSED COMPANY BY THE STATE OF, We have attended the required training and passed the examination to obtain my State Inspector Certification**

**We attend BI-annual courses offered by the Standard Building Code Congress International (SBCCI) in March and November of each year We do further other education training per year to keep up with code changes per year**

**We have over ten years experience performing code compliance inspections in inspection areas of Electrical, Plumbing, Mechanical, and Zoning I also conducted residential and commercial detail inspections on new and existing construction to ensured policy and regulation code enforcement**

**OUR ABILITY TO PREPARE ARCHITECTURAL DRAWING is derived from my formal education at Mississippi Valley State University were I received a B S degree in Industrial Technology I have worked the City of Cleveland as a Code Compliance Officer and Inspector for twelve years where I created and maintained engineering drawing using automated tools such as AutoCAD During the last three years I have worked as a part time Draftsman with an architect firm in Memphis, Tennessee**

**As part of my new remodeling and rehabilitation construction business we are often called to not only produce drawing but we review plans to ensure they are completed**

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**Blockett Inspection**



and in compliance with the required code We currently use AutoCAD as a CAD program We have available P-CAD and Corel Draw

In the bidding process for the 203(k), should we encounter resistance to my costs, we always discuss the bid with the General Contractor to get a full understanding of his concerns about the cost differential We have often founded that the situation can be worked out without additional cost or lost to the contractor or the buyer We remind the Contractor that my cases are on file with HUD and that we cannot raise or lower the cost without good cause

In compliance with our training, we endeavor to keep the cost estimates within the average market range and then review the bid and adjust the Draw request to the bid prices, accordingly Our policy has been that a properly planned project should always be completed within budget Therefore, we keep the planning and review process going until all work is complete and the final draw is made

When we prepare cost estimates with a computer programs

**IN THE PERFORMANCE OF DRAW INSPECTIONS**, we have found that proper planning by the Borrower, General Contractor and the inspector will reduce the problems during Draw inspections Therefore, we always attempt to ensure that all parties are present for the inspection We have found that most problems are caused by Borrowers and General Contractors making changes made without the proper paperwork being submitted

We often personally inform the Borrower and General Contractor about all required paperwork involved in the Draw Inspection We provide detailed written instructions of the procedure for Change Orders and Draw Inspections We request that all changes and updates to the project be submitted to me before the inspection is scheduled We contact the Borrower and remind them that it is not only important but required that they be present during each Draw Inspection

We will be using the Draw Requests module to prepare the Draw request before my site visit We will ensure that all running balance and percentage of work completed are updated as the work is completed We will work with lenders to ensure that their files are updated after each site visit if required

**Over the last two previous years**, Blockett Inspection have rendered services for the CDBG Home Rehab Grant Projects that rendered services for cities and parishes We have also rendered services for the HUD projects for the multiple family units, nursing homes and senior living and housing for the disabled

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Blockett Inspection

468

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**The three reference contact persons are**

- 1 Community Development Partners, LLC  
P O Box 210437  
Nashville TN 37221  
Contact person Mattie J Cushman  
(615) 386-0222
  
- 2 Gregory and Associates  
P O Box 1541  
Greenwood MS 38935  
Contact person Tommy Gregory, Jr  
(662) 453-7678
  
- 3 Housing Urban Development  
100 West Capitol Street  
Jackson MS 39269 1096  
Contact person Vincent Cadotte  
(601) 608-1758

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**Blockett Inspection**

## **Specifications: Inspection**

After receiving the request from the Choctaw County Rebuilding Grant , Blockett Inspection will start

The inspection process using the same hardware tablet PC and software Housing Development Program and include the following similar basic requirements Photos of the worksite, the nearest structure, the street, the homeowner, all 4 sides of the structure Every room, damaged components and the exterior of the building shall be measured Appropriate specification must be selected in conjunction with owner requests A full biddable specification work write-up generated with component quantities and unit prices to complete the project to program standards and either the IRC or the International Building Code (IBC) Unit process must be updated every round (90 days) to reflect current prices in 5 markets

### **Description**

- Significantly damaged units that either have un-repaired damage or have work in progress to repair damage

### **Deliverables**

- Photos
- Completed report for all damaged and/or repaired items
- Full biddable specification and cost estimate of work.

## **Unit Price:**

**This proposal includes the initial inspection of the area, Reexamination Inspections, 3 Follow-up inspection reports Travel time and expenses are included in the price Fee for each Inspection on a units- \$ 400 00**

**The total amount to be paid for 4 houses in Clay County, for services shall be \$ 1,200 00 per units or HOUSE**

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Blockett Inspection

Signing these assurances means that Applicant/Grantee/Sub recipient agrees to implement its program in accordance with these provisions. Failure to comply with these regulations may result in an audit and/or monitoring that could ultimately result in the repayment of funds to the State or expending Applicant/Grantee/Sub recipient funds to correct deficiencies.

Blockett Inspection LLC  
Name of Organization

\_\_\_\_\_  
Signature of Duly Authorized Representative

Thus signed this 27th day of August, 2012

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Blockett Inspection

**Licenses/Insurance**

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**Blockett Inspection**

550

State of Mississippi  
Licensed Home Inspector

**Cynthia M. Blockett**  
Name of Licensee

License # MHIB #0176NH

Issued 3/22/12 Expires 3/31/14



State of Mississippi



## Home Inspector Regulatory Board

This is to certify that **CYNTHIA M. BLOCKETT** License **0176NH** Originally licensed  
whose business address is

**P. O. Box 4020**  
**Cleveland, Mississippi 38732**

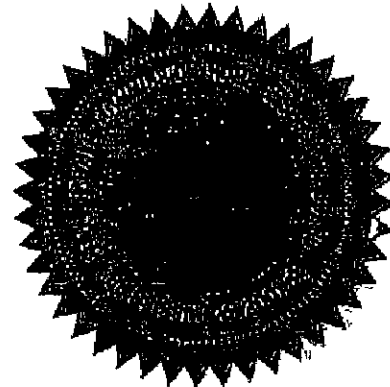
is duly licensed to act as a Home Inspector in the state of Mississippi from  
the date of issuance. The license will remain in force when properly supported by a current  
pocket identification card. In witness thereof, the MISSISSIPPI REAL ESTATE COMMISSION  
has caused this licence to be issued by virtue of the authority vested by Chapter 73 71,  
Mississippi Code of 1972, Annotated.

In witness whereof, we have caused the Official Seal to be affixed

this the **28th<sup>h</sup>** day of **October, 2008**

Mississippi Real Estate Commission

*Robert E. Pringle*  
ADMINISTRATOR



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## **Metro Home Inspection, LLC**

641 Nakoma Drive  
Jackson Mississippi 39206  
(601)503-6019  
[jdinspections@yahoo.com](mailto:jdinspections@yahoo.com)

August 16, 2012  
Clay County Board of Supervisors  
Post Office Box 815  
2011 HOME Grant Professional Services  
West Point, Mississippi 39773

### **RE Request for Proposal (Housing inspection)**

Metro Home Inspection, LLC is a minority business, certified by the Mississippi Development Authority, is primarily a residential and light commercial inspection firm. Metro Home Inspection, LLC is licensed in the State of Mississippi with an excellent reputation for job performance, dependability and client satisfaction.

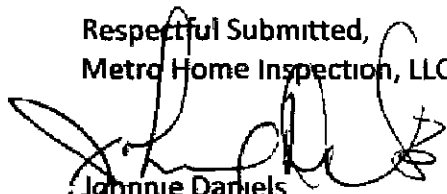
I presently own and operate Metro Home Inspection, LLC with over 33 years of experience in the construction industry (building and housing). Each inspection will be made by me personally. I am a license Home Inspection by the State of Mississippi (new construction designation) and a certified Building Inspector by the International Code Council.

I am an inspector familiar with the State HOME Program Policies and Procedures (completed nine State HOME Program Projects and has four under contract). I retired from the City of Jackson, Mississippi as the Manager of Inspections (Building and Permits Division) June 2007, with over 28 years of service. I am interested in working with the Clay County Board of Supervisors and available to working immediately.

Enclosed is a resume, copy of inspector license and a copy of request for proposal. I would appreciate the opportunity of working you all.

If you have any questions, comments or need any assistance, please do not hesitate to call.

Respectful Submitted,  
Metro Home Inspection, LLC



Jonnie Daniels  
Owner

## Johnnie Daniels

641 Nakoma Drive • Jackson, MS 39206 • (601) 366-5509 (hm) • (601) 503-6019

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### OBJECTIVE

To manage and inspect construction activities for institutions and property owners

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### EMPLOYMENT

#### CONSTRUCTION MANAGER- PROPERTY INSPECTOR March 2005- Present

Responsibilities include site inspections planning directing and coordinating a wide variety of construction projects including buildings of all types of residential, commercial, industrial schools and churches Other responsibilities include the oversight of the delivery and use of material, quality of construction worker productivity and safety ensuring compliance with all regulations by obtaining all necessary permits and licences relevant to the construction project and maintaining the construction schedule

#### Manager, Building Inspection June 1994 - June 2007 - Retired

CITY OF JACKSON - OFFICE OF CODE SERVICES JACKSON, MS  
Responsibilities included reviewing codes and ordinances, creating polices and procedures for the Code Services Division. Other responsibilities included conferring with inspectors on work problems plans and specifications for the erection of new and existing buildings and the modifications of existing buildings along with conferring with and interpreting building codes and regulations for contractors engineers property owners, architects and others

#### Senior Building Inspector July 1993 - June 1994

CITY OF JACKSON - OFFICE OF CODE SERVICES JACKSON, MS  
Responsibilities included the provision of technical assistance to Building Inspectors with difficult inspections assisting and conferring with builders contractors and other regarding codes and regulations

#### Zoning Inspector January 1979 - June 1983

Zoning Division - City of Jackson Planning Board Jackson, MS  
Duties included analyzing plans of proposed building and other structures reviewed constructions and building uses for compliance with the City of Jackson's Zoning Ordinance performed zoning analyses conducted field inspections, prepared reports for the Zoning Committee collected money and other duties as needed

#### Construction Inspector July 1978 - December 1978

Unifirst Federal Savings and Loan Association Jackson, MS  
Duties for this position included the inspection of new and existing residential structures financed through the Association.

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### EDUCATION

Master of Science - Hazardous Materials Management 1999  
JACKSON STATE UNIVERSITY JACKSON MS

Bachelors of Science - Constructions Technology 1982  
JACKSON STATE UNIVERSITY JACKSON, MS

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### CERTIFICATIONS

Residential Builder - License # - R07386 July 2005  
State Board of Contractors Jackson Mississippi

Home Inspector - License # - MHIB 0301NH March 2005  
State of Mississippi Home Inspectors Board Jackson, Mississippi

Asbestos Inspector - License # - Same as Social Security # August 1996  
Department of Environmental Quality - State of Mississippi Jackson, Mississippi

Building Inspector - Licence # - 2441 January 1985  
Certificate of Registration - Southern Building Code Wallace Community College Dothan, Alabama

Real Estate Broker - License B -1908 Expired March, 1993  
Mississippi Real Estate Commission Flowood, Mississippi

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### REFERENCES

Available Upon Request



# Clay County Board of Supervisors Housing Inspection Services

Metro Home Inspection, LLC, is pleased to submit its' proposal for Housing Inspection Services

***"All inspections will be preformed no later than 24 hours after request"***

Conduct work-in progress inspections (foundation, Black-in)

Foundation Inspection

\$400 00

Black-in (framing) Inspection

\$400 00

Final inspection with contractor, homeowner and administrator

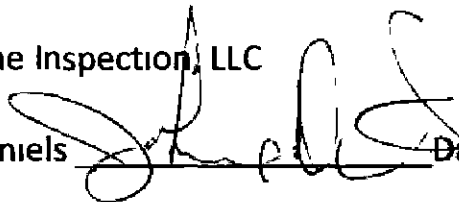
\$400 00

Total per unit

\$1200 00

Metro Home Inspection, LLC

Johnnie Daniels



Date August 16, 2012

State of Mississippi



## Home Inspector Regulatory Board

This is to certify that **Johnnie Daniels**  
whose business address is **641 Nakoma Dr.**  
**Jackson, MS 39206**

License **0301 NH** originally licensed  
(originally licensed 11/09/2004)

is duly licensed to act as a **Home Inspector** in the state of Mississippi from  
the date of issuance. The license will remain in force when properly supported by a current  
pocket identification card. In witness thereof, the MISSISSIPPI REAL ESTATE COMMISSION  
has caused this license to be issued by virtue of the authority vested by Chapter 73-71,  
Mississippi Code of 1972, Annotated.

In witness whereof, we have caused the Official Seal to be affixed,

this the **27th** day of **March, 2007**

Mississippi Real Estate Commission

  
*Robert E. Priddy*  
ADMINISTRATOR

**PART 1 DECLARATIONS PAGE (Continued)**

**Named Insured** Metro Home Inspection LLC  
**Policy No** PS0000001249305

Item 5 Limit of Liability a \$250,000 Each **Wrongful Act**  
b \$250 000 Total Limit of Liability

Item 6 Retention \$2,500 Each **Wrongful Act**

Item 7 Premium \$2,654 00

Item 8 Form(s) and Endorsement(s) made part of this Policy at the time of issuance

PSMS4000(01/01)	Miscellaneous Errors and Omissions Liability Insurance Policy
PS1030(01/01)	Changes Endorsement

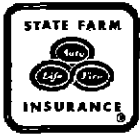
Item 9 Notices to the Insurer - All notices to the Insurer pertaining to this Policy must be sent to

State Farm Specialty Products  
111 North Canal Street Suite 940  
Chicago IL 60606-7201

Date of Issue March 30 2012

By

  
Authorized Representative



**State Farm Fire and Casualty Company**  
 A Stock Company with Home Offices in Bloomington Illinois  
 Herein called the Insurer

**MISCELLANEOUS ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY**

Policy No      PS0000001249305  
 Renewal of Policy No      PS0000001249304

**PART 1      DECLARATIONS PAGE**

THIS IS A CLAIMS MADE POLICY **DEFENSE COSTS** ARE INCLUDED IN THE LIMIT OF LIABILITY PLEASE READ THE ENTIRE POLICY CAREFULLY

THIS DECLARATIONS PAGE, ALONG WITH **YOUR SIGNED APPLICATION OR RENEWAL APPLICATION** AND ALL FORMS AND ENDORSEMENTS LISTED IN ITEM 8 BELOW COMPLETE THE POLICY

IN RETURN FOR THE PAYMENT OF THE PREMIUM **WE AGREE WITH YOU** TO PROVIDE INSURANCE UNDER THE PROVISIONS OF THIS POLICY

Item 1    **Named Insured**                      Metro Home Inspection LLC  
  
             **Address**                                      641 Nakoma Drive  
    Jackson, MS 39206

Item 2    **Policy Period**  
 Effective Date    March 13 2012                                      Expiration Date    March 13 2013  
    (12 01 A M Standard Time at the Address stated in Item 1 )

Item 3    **Retroactive Date**    March 13, 2007                                      IF NO DATE IS STATED HERE, COVERAGE DOES NOT APPLY TO **WRONGFUL ACTS** COMMITTED PRIOR TO THE EFFECTIVE DATE STATED IN ITEM 2 ABOVE

Item 4    **Schedule of Insured Services**  
  
             Residential home inspection services

557

# State of Mississippi

## BOARD OF CONTRACTORS

73-59-3(2) states if a licensee has liability insurance it shall be reflected on the certificate of licensure. Please stamp here proof of liability insurance has been provided.

DANIELS, JOHNNIE  
641 NAKOMA DRIVE  
JACKSON, MS 39206

is duly registered and entitled to perform

RESIDENTIAL BUILDER

Certificate of Licensure Does Not Guarantee Insurance



*We have hereunto set our hand and caused the Seal of the Mississippi Board of Contractors to be affixed  
this 19 day of Jun 2012*

RESIDENTIAL BUILDERS LICENSE

No. R07386

Expires Jul 31, 2013

*Thomas H. Klina*  
CHARIMAN OF THE BOARD

*John M. Sullivan II*  
EXECUTIVE DIRECTOR

575

NO \_\_\_\_\_

**IN THE MATTER OF ADVERTISING TO HAVE A PUBLIC HEARING  
FOR THE PURCHASE OF A BACKHOE FOR DISTRICT 4 THROUGH  
THE USDA RURAL HOUSING DEVELOPMENT PROGRAM**

---

There came on this day for consideration the matter of advertising to have a public hearing for the purchase of a backhoe for District 4 through the USDA Rural Housing Development Program

It appears to this Board at the regular meeting held September 13, 2012, this Board voted to participate in the USDA Rural Housing Development Program to purchase a backhoe for District 4 and it further appears that a public hearing is necessary to inform the public of the said purchase and programs and services provided through the USDA Rural Housing Development Program

After motion made by Shelton Deanes and second by Floyd McKee, this Board doth vote unanimously to advertise to have a public hearing on October 15, 2012 at 9 00 o'clock A M in the Board Room of the Clay County Courthouse to discuss the USDA Rural Housing Development Program in order to purchase a backhoe for District 4

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

NO \_\_\_\_\_

**IN THE MATTER OF AUTHORIZING THE PRESIDENT TO  
EXECUTE THE HOMESTEAD EXEMPTION APPLICATION  
CORRECTION / DELETION FORMS**


---

There came on this day for consideration the matter of authorizing the President to execute the Homestead Exemption Application Correction / Deletion Forms

It appears to this Board that the Mississippi Department of Revenue has installed a new computer system and the Homestead Exemption Department remitted a list to the Tax Assessor's office of individuals currently receiving homestead exemption credit, but are either deceased or no longer eligible to receive the said credit. After further review and investigation, Paige Lamkin, the Tax Assessor / Collector, has presented several homestead deletion applications as attached hereto as Exhibit "A" to be approved and executed by the President of the Board.

After motion by Shelton Deanes and second by R B Davis, this Board doth vote unanimously to approve the said homestead exemption deletions as attached hereto as Exhibit "A" and authorize the President to execute the said forms to be returned to the Mississippi Department of Revenue.

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

560

**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 \_\_\_\_\_

NAME 1 Wilson Eddie Z  
(last name) (first name) (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____	SCHOOL DISTRICT <u>West Point</u>
NAME 1 <u>Wilson Eddie Z</u> (LAST) (FIRST) (MIDDLE)	
NAME 2 <u>Wilson Willie B</u> (LAST) (FIRST) (MIDDLE)	
ADDRESS <u>10954 RB Road</u> (STREET) <u>Prville MS 39754</u> (CITY) (STATE) (ZIP)	EXEMPTION CODE NO <u>2</u>  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 _____ 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>Eddie is deceased -</u> <u>Willie lives with</u> <u>relatives - Alzheimer's</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 the 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

561

SIGNED [Signature]

Witness my signature and official seal This the 27th day of September 2012

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 2012

NAME 1 Sedberry Rose lee  
(last name) (first name) (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Sedberry</u> <u>Rose</u> <u>lee</u> (LAST) (FIRST) (MIDDLE)		SSN	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)		SSN _____	
ADDRESS <u>2095 Crepe Myrtle Loop</u> (STREET) <u>West Point MS 39773</u> (CITY) (STATE) (ZIP)		EXEMPTION CODE NO <u>2</u>  1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter        6 Comb Reg & Add	
PARCEL NUMBER (S) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____		REASON FOR CORRECTION/DELETION <u>Rose is deceased</u>	

**AUTHORIZATION**

562

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]  
Witness my signature and official seal This the 20th day of September 2012  
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 2012

NAME 1 Moore Ruben  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Moore Ruben</u> (LAST) (FIRST) (MIDDLE)		SSN [REDACTED]	
NAME 2 <u>Moore Minnie</u> (LAST) (FIRST) (MIDDLE)		SSN [REDACTED]	
ADDRESS <u>9396 Witherspoon RD</u> (STREET)		EXEMPTION CODE NO <u>2</u>	
<u>West Point MS 39773</u> (CITY) (STATE) (ZIP)		1 Regular            4 Dr Cert 2 Over 65           5 DAV 3 Letter              6 Comb Reg & Add	
PARCEL NUMBER (5) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW		REASON FOR CORRECTION/DELETION	
1 _____		Ruben is deceased -	
2 _____		Minnie lives in	
3 _____		diamond head, ms	
4 _____		_____	
5 _____		_____	

**AUTHORIZATION**

563

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal this the 20th day of September 2012

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 2012

NAME 1 Johnson Lovenia U  
(last name) (first name) (middle name)

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

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

MUNICIPALITY \_\_\_\_\_

SCHOOL DISTRICT West Point

NAME 1 Johnson Lovenia U  
(LAST) (FIRST) (MIDDLE)

SSN [REDACTED]

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 2

ADDRESS 957 Little St  
(STREET)  
West Point MS 39773  
(CITY) (STATE) (ZIP)

1 Regular 4 Dr Cert  
2 Over 65 5 DAV  
3 Letter 6 Comb Reg & Add

PARCEL NUMBER (S)

PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
CORRECTED NUMBER BELOW

REASON FOR CORRECTION/DELETION

Lovenia is deceased

**AUTHORIZATION**

564

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal, This the 20th day of September 2012

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

NAME 1 Hill Vernice  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL DISTRICT West Point

NAME 1 Hill Vernice  
(LAST) (FIRST) (MIDDLE)

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 2

ADDRESS 1999 David Hill RD  
(STREET)  
Cedar Bluff MS 39741  
(CITY) (STATE) (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S)

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

Vernice is deceased

**AUTHORIZATION**

(FOR A CORRECTION)

565

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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of September 2012

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION (X) CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

YEAR 2012

NAME 1 Quinn Raymond  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____	SCHOOL DISTRICT <u>West Clay</u>
NAME 1 <u>Quinn Raymond</u> (LAST) (FIRST) (MIDDLE)	SS [REDACTED]
NAME 2 <u>Quinn Sylvia</u> (LAST) (FIRST) (MIDDLE)	SS [REDACTED]
ADDRESS <u>P O Box 73</u> (STREET) <u>Cedar Bluff MS 39741</u> (CITY) (STATE) (ZIP)	EXEMPTION CODE NO <u>2</u>  1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBER (S) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>Sylvia is deceased -</u> <u>Raymond is only</u> <u>59</u>

**AUTHORIZATION**

566

(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 the 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 \_\_\_\_\_

(OR 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

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September 2012

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 \_\_\_\_\_

NAME 1 Dickert Carolyn S  
(last name) (first name) (middle name)

YEAR 2012

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____	SCHOOL _____
NAME 1 <u>Dickert Carolyn S</u> (LAST) (FIRST) (MIDDLE)	[REDACTED]
NAME 2 <u>Dickert William H</u> (LAST) (FIRST) (MIDDLE)	
ADDRESS <u>519 McCord St</u> (STREET) <u>West Point MS 39773</u> (CITY) (STATE) (ZIP)	EXEMPTION CODE NO <u>2</u> 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 _____ 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>William is deceased - Carolyn is in a Texas Nursing home - Carolyn's son lives in the home</u>

**AUTHORIZATION**

567

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September 2012

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 \_\_\_\_\_

NAME 1 Lyles L D  
(last name) (first name) (middle name)



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

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

MUNICIPALITY _____	SCHOOL DISTRICT <u>West clay</u>
NAME 1 <u>Lyles</u> <u>L D</u> (LAST) (FIRST) (MIDDLE)	S _____ S _____
NAME 2 <u>Lyles</u> <u>Mary</u> <u>E</u> (LAST) (FIRST) (MIDDLE)	EXEMPTION CODE NO <u>2</u>
ADDRESS <u>P O Box 221</u> (STREET) <u>Mantee MS 39751</u> (CITY) (STATE) (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBER (S) PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR CORRECTED NUMBER BELOW 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>LD Lyles is deceased-</u> <u>Mary Lyles lives in</u> <u>Fulton, MS 38843</u> <u>* 205 Selena DR</u> <u>Fulton, MS 38843</u>

**AUTHORIZATION**

568

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of September 12

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION (X) CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

YEAR 2012

NAME 1 Estridge Bettie  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Estridge Bettie</u> (LAST) (FIRST) (MIDDLE)		SSN [REDACTED]	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)		SSN _____	
ADDRESS _____ (STREET)		EXEMPTION CODE NO <u>2</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>Bettie is deceased - delete</u>	
2 _____		_____	
3 _____		_____	
4 _____		_____	
5 _____		_____	

**AUTHORIZATION**

567

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September 2012

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 \_\_\_\_\_

NAME 1 Cox Jessie Lou Harris YEAR 2012  
(last name) (first name) (middle name) (social security number)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____	SCHOOL DISTRICT <u>West Point</u>
NAME 1 <u>Cox</u> <u>Jessie</u> <u>Lou</u> <u>Harris</u> (LAST) (FIRST) (MIDDLE)	SSN [REDACTED]
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____
ADDRESS <u>4681 Melton Bottom RD</u> (STREET) <u>West Point</u> (CITY) (STATE) (ZIP)	EXEMPTION CODE NO <u>2</u> 1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter      6 Comb Reg & Add
PARCEL NUMBER (S) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>Jessie Cox is</u> <u>deceased - delete all</u> <u>four parcels - H.S</u> <u>107-03-01500-00</u> <u>107-03-00800-00</u> <u>107-33-04000-00</u> <u>107-04-00800-00</u>

**AUTHORIZATION**

570

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September 2012

SIGNED [Signature]

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 2017

NAME 1 Doss Theo  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL DISTRICT West Point

NAME 1 Doss Bonnie  
(LAST) (FIRST) (MIDDLE)

SSN [REDACTED]

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 2

ADDRESS 521 Chickasaw DR  
(STREET)  
West Point MS 39173  
(CITY) (STATE) (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S)

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

Moving Bonnie to Primary

**AUTHORIZATION**

571

(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 the 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 Rankin

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I 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

SIGNED [Signature]

Witness my signature and official seal, This the 20th day of September 2017

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 2012

NAME 1 Clark Leanna  
(last name) (first name) (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Clay</u>	
NAME 1 <u>Clark</u> <u>Leanna</u> (LAST) (FIRST) (MIDDLE)		SSN	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)		SSN _____	
ADDRESS <u>5622 N Beasley RD</u> (STREET) <u>Pheba</u> <u>MS</u> <u>39755</u> (CITY) (STATE) (ZIP)		EXEMPTION CODE NO <u>1</u>  1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER (S)  PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR CORRECTED NUMBER BELOW 1 _____ 2 _____ 3 _____ 4 _____ 5 _____		REASON FOR CORRECTION/DELETION <u>Applicant is deceased</u>	

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the 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

57?

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

SIGNED [Signature]

Witness my signature and official seal This the 20th day of October 2012

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

Formerly 72 003

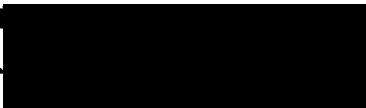
**FOR MSTC USE ONLY**

DELETION (X) CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

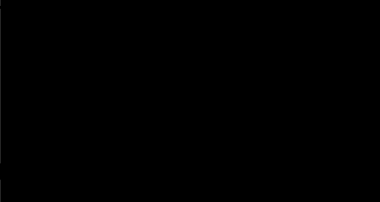
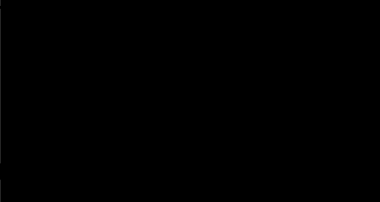
COUNTY CLAY

ACCT NO \_\_\_\_\_

NAME 1 Todd Elmer James Y   
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Todd</u> <u>Elmer</u> <u>James</u> (LAST) (FIRST) (MIDDLE)	SSN 	SSN 	
NAME 2 <u>Todd</u> <u>Gladys</u> <u>Foster</u> (LAST) (FIRST) (MIDDLE)	EXEMPTION	CODE NO <u>2</u>	
ADDRESS <u>5395 Hwy 47</u> (STREET) <u>West Point MS 39773</u> (CITY) (STATE) (ZIP)	1 Regular	4 Dr Cert	
	2 Over 65	5 DAV	
	3 Letter	6 Comb Reg & Add	
PARCEL NUMBER (S)	REASON FOR CORRECTION/DELETION		
IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	<u>Both are deceased</u>		
1 _____	_____		
2 _____	_____		
3 _____	_____		
4 _____	_____		
5 _____	_____		

**AUTHORIZATION**

(FOR A CORRECTION)

573

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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September 2012

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

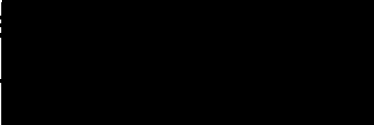
FOR MSTC USE ONLY

DELETION (X)      CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

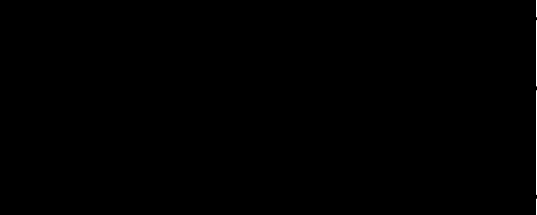

COUNTY CLAY

ACCT NO \_\_\_\_\_

NAME 1 Daniels Calvin Coolidge      YE   
(last name)      (first name)      (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____	SCHOOL DISTRICT <u>West Point</u>
NAME 1 <u>Daniels Calvin Coolidge</u> (LAST)      (FIRST)      (MIDDLE)	SS 
NAME 2 <u>Daniels Earline Terry</u> (LAST)      (FIRST)      (MIDDLE)	SS 
ADDRESS <u>107A S Jim Griffin Road</u> (STREET) <u>West Point MS 39773</u> (CITY)      (STATE)      (ZIP)	EXEMPTION      CODE NO <u>2</u>  1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter      6 Comb Reg & Add
PARCEL NUMBER (S) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>Both are deceased</u>

**AUTHORIZATION**

571

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED Luke R. ...

Witness my signature and official seal, This the 2019 day of September

SIGNED Ray S. Berry

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 2012

NAME 1 Darley Elden  
(last name) (first name) (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL DISTRICT West Point

NAME 1 Darley Elden  
(LAST) (FIRST) (MIDDLE)

SSN \_\_\_\_\_

SSN \_\_\_\_\_

NAME 2 Darley Mary Thomas  
(LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 1

ADDRESS P O Box 1209  
(STREET)  
West Point MS 39773  
(CITY) (STATE) (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S)

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

Both are deceased

**AUTHORIZATION**

575

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September 2012

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 \_\_\_\_\_

NAME 1 Ivy Joe Ester  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____	SCHOOL DISTRICT <u>West Point</u>
NAME 1 <u>Ivy Joe Ester</u> (LAST) (FIRST) (MIDDLE)	[REDACTED]
NAME 2 <u>Ivy Annie White</u> (LAST) (FIRST) (MIDDLE)	
ADDRESS <u>5980 Ivy Road</u> (STREET) <u>Prairie MS 39754</u> (CITY) (STATE) (ZIP)	EXEMPTION CODE NO <u>2</u>  1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBER (S) 1 PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR 1 CORRECTED NUMBER BELOW 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>Both are deceased</u>

**AUTHORIZATION**

(FOR A CORRECTION)

576

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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

I, \_\_\_\_\_ being the duly elected and/or acting Clerk of the Board of Supervisors for the above named County, 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.

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September 2012

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**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 2017

NAME 1 Valentine Vernon S  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL West clay

NAME 1 Valentine Vernon S  
(LAST) (FIRST) (MIDDLE)

SSN [REDACTED]

NAME 2 Valentine Ruth M  
(LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 3

ADDRESS 909 Tom Valentine RD  
(STREET)  
Pheba MS 39755  
(CITY) (STATE) (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S)

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

Both are deceased

**AUTHORIZATION**

577

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September 2012

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 \_\_\_\_\_

NAME 1 Pearson Herbert S  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____	SCHOOL DISTRICT _____
NAME 1 _____ (LAST) (FIRST) (MIDDLE)	SSN _____
NAME 2 <u>Pearson Christine</u> (LAST) (FIRST) (MIDDLE)	SSN _____
ADDRESS <u>721 E Westbrook</u> (STREET) <u>West Point MS 39773</u> (CITY) (STATE) (ZIP)	EXEMPTION CODE NO <u>1</u>  1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter        6 Comb Reg & Add
PARCEL NUMBER (S)  PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR CORRECTED NUMBER BELOW 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>Both are deceased</u>

**AUTHORIZATION**

578

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]  
Witness my signature and official seal This the 20th day of October 2012  
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 \_\_\_\_\_

NAME 1 Shelton Cleveland SR YEAR 2005  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____	SCHOOL DISTRICT _____
NAME 1 <u>Shelton Cleveland</u> (LAST) (FIRST) (MIDDLE)	SSN <u>[REDACTED]</u>
NAME 2 <u>Shelton Carolyn W</u> (LAST) (FIRST) (MIDDLE)	SSN _____
ADDRESS <u>1089 Harmon Lake Rd</u> (STREET) <u>West Point MS 39173</u> (CITY) (STATE) (ZIP)	EXEMPTION CODE NO <u>3</u> 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 _____ 2 _____ 3 _____ 4 _____ 5 _____	REASON FOR CORRECTION/DELETION <u>Cleveland is deceased</u> <u>- Carolyn does not</u> <u>qualify for SSI/SSD/OAS</u> <u>she's only 63</u>

**AUTHORIZATION**

579

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 12th day of September 2005

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**


FOR MSTC USE ONLY

DELETION (X) CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

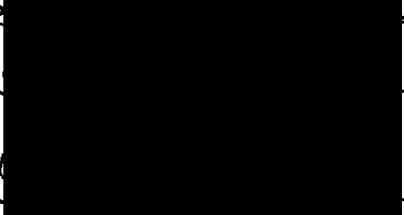
COUNTY CLAY

ACCT NO \_\_\_\_\_

NAME 1 Hogan Lurean Harrison YEAR   
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DIS <u>West Point</u>	
NAME 1 <u>Hogan</u> <u>Lurean</u> <u>Harrison</u> (LAST) (FIRST) (MIDDLE)		SSN 	SSN _____
NAME 2 <u>Hogan</u> <u>Claude</u> (LAST) (FIRST) (MIDDLE)		EXEMPTION CODE NO <u>2</u>	
ADDRESS <u>332</u> <u>Boswell St</u> (STREET)		1 Regular 4 Dr Cert	
<u>West Point</u> <u>MS</u> <u>39173</u> (CITY) (STATE) (ZIP)		2 Over 65 5 DAV	
PA _____		3 Letter 6 Comb Reg & Add	
EL NUMBER (S) _____		REASON FOR CORRECTION/DELETION	
IF A PARCEL NUMBER IS TO BE CORRECTED, DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW		<u>Both are deceased</u>	
1 _____		_____	
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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED  \_\_\_\_\_

Witness my signature and official seal. This the 22<sup>nd</sup> day of September, 2012

SIGNED  \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION / DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION (X) CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

NAME 1 Macon Jimmy Lee  
(last name) (first name) (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL DISTRICT West Clay

NAME 1 Macon Jimmy Lee  
(LAST) (FIRST) (MIDDLE)

SSN \_\_\_\_\_

SSN \_\_\_\_\_

NAME 2 Macon Mary  
(LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 2

ADDRESS 819 Falcon St  
(STREET)  
West Point MS 39773  
(CITY) (STATE) (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S)

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

Both are deceased

**AUTHORIZATION**

581

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I 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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of September 2012

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 2012

NAME 1 Pernell Roosevelt  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Pernell Roosevelt</u> (LAST) (FIRST) (MIDDLE)		SSN _____ [REDACTED]	
NAME 2 <u>Pernell Susie Powell</u> (LAST) (FIRST) (MIDDLE)		SSN _____ [REDACTED]	
ADDRESS <u>548 Smith Street</u> (STREET)		EXEMPTION CODE NO <u>2</u>	
<u>West Point MS 39773</u> (CITY) (STATE) (ZIP)		1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PA EL NUMBER (S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW		REASON FOR CORRECTION/DELETION	
1 _____		<u>Both are Deceased</u>	
2 _____		_____	
3 _____		_____	
4 _____		_____	
5 _____		_____	

**AUTHORIZATION**

(FOR A CORRECTION)

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

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of September 2012

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

DELETION (X) CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

NAME 1 Cabwell James  
 (last name) (first name) (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL West Point

NAME 1 Cabwell James  
 (LAST) (FIRST) (MIDDLE)



NAME 2 Cabwell Jeannie  
 (LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
 (STREET)  
 \_\_\_\_\_  
 (CITY) (STATE) (ZIP)

EXEMPTION CODE NO 1  
 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 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION  
Both are deceased

**AUTHORIZATION**

583

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September, 2012

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 \_\_\_\_\_

NAME 1 Bryan Richard C  
(last name)      (first name)      (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL DISTRICT West Point

NAME 1 Bryan Richard C  
(LAST)      (FIRST)      (MIDDLE)

SSN

NAME 2 Bryan Donna B  
(LAST)      (FIRST)      (MIDDLE)

SSN

ADDRESS 233 Tournament St  
(STREET)  
West Point MS 39173  
(CITY)      (STATE)      (ZIP)

EXEMPTION      CODE NO 2  
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 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**REASON FOR CORRECTION/DELETION**

Donna is deceased-  
Richard is not  
living here  
Non-owner-occupied

**AUTHORIZATION**

581

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of September 2012

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____ Who elected	REJECTED _____
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**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 2012

NAME 1 Deleon Helio  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Clay</u>
NAME 1 <u>Deleon Helio</u> (LAST) (FIRST) (MIDDLE)		[REDACTED]
NAME 2 <u>Deleon Rosie</u> (LAST) (FIRST) (MIDDLE)		
ADDRESS <u>26032 Mantee Rd</u> (STREET)		EXEMPTION CODE NO <u>1</u>  1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
<u>Mantee MS 39751</u> (CITY) (STATE) (ZIP)		
PARCEL NUMBER (S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW		REASON FOR CORRECTION/DELETION  <u>Both are residents of Texas</u> <u>712 W Costa Rica Ave</u> <u>Pharr, TX 78577-8752</u>
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		

**AUTHORIZATION**

(FOR A CORRECTION)

585

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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal, This the 20th day of September 2012

SIGNED [Signature]

FOR MSTC APPROVED \_\_\_\_\_ 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 2012

ME 1 Saul Johnny \_\_\_\_\_  
(last name)      (first name)      (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL DISTRICT West Point

NAME 1 Saul Johnny J  
(LAST)      (FIRST)      (MIDDLE)

SSN \_\_\_\_\_

SSN \_\_\_\_\_

NAME 2 Saul Dorothy \_\_\_\_\_  
(LAST)      (FIRST)      (MIDDLE)

EXEMPTION      CODE NO 2

ADDRESS 1012 Smith St  
(STREET)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

West Point MS 39173  
(CITY)      (STATE)      (ZIP)

PARCEL NUMBER (S)

**REASON FOR CORRECTION/DELETION**

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW

Johnny Saul is  
deceased & Dorothy  
lives in Texas

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**AUTHORIZATION**

(FOR A CORRECTION)

586

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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of September 2012

SIGNED \_\_\_\_\_

FOR MSTC APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_

HOMESTEAD BROWSE SCREEN

DLN 0000000 SECONDARY SS# 000000000 AD C01 00 AD C02 00 AD C03 00

NAME HARDY SARAH HAMPTON

ADDRESS RT 2 BX 110  
CITY WEST POINT  
STATE MS  
ZIP 39773 0000

COUNTY 13 EXEMPTIONS 1 CENTURY 19 YEAR 91  
MUN CD 000 SCH CD 0 MARITAL STATUS 2 TITLE INFO 1  
ADDITIONAL USE 1 DELETE BYTE NUMBER OF PARCELS 2 CK DGT 8

DESCRIPTION 051-24-06300 00  
051-24-06401 00

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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 2012

NAME 1 HARDY SARAH HAMPTON (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 WEST POINT

NAME 1 HARDY SARAH HAMPTON (LAST) (FIRST) (MIDDLE)

SSN

NAME 2 (LAST) (FIRST) (MIDDLE)

SSN

ADDRESS 5374 GEORGE WALKER ROAD (STREET)

EXEMPTION CODE NO 1

- 1 Regular 4 Dr Cert
2 Over 65 5 DAV
3 Letter 6 Comb Reg & Add

WEST POINT MS 39773 (CITY) (STATE) (ZIP)

PARCEL NUMBER (S)

PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR CORRECTED NUMBER BELOW

REASON FOR CORRECTION/DELETION

SARAH HARDY HAMPTON IS DECEASED

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Correction of the lawfully filed Homestead Mississippi Code of 1972 and the taxpayer Notified of this correction

on or of the above named County I do hereby attest to the fact that the application detailed above is needed to fully comply with Section 27 33 1 et seq appears on said application and the Board of Supervisors of this county have been

SIGNED

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Supervisors of this county has requested and approved From the Supplemental Roll of allowed exemption

Supervisors for the above named county I do hereby certify that the Board of DELETION of the lawfully filed Homestead Exemption Application detailed above county according to Section 27 33 2 et seq, Mississippi Code of 1972

SIGNED

Witness my signature and official seal, This the 12th day of September 2012

Official seal and signature of the Board of Supervisors of Clay County, Mississippi, dated September 12, 2012.

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

ACCT NO \_\_\_\_\_

COUNTY CLAY

YEAR 2012

NAME 1 GANDY      JOHNNIE      MARY      [REDACTED]  
(last name)      (first name),      (middle name)      (social security no )

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_ SCHOOL DISTRICT WEST POINT

NAME 1 GANDY      JOHNNIE      MARY  
(LAST)      (FIRST)      (MIDDLE)

NAME 2 \_\_\_\_\_  
(LAST)      (FIRST)      (MIDDLE)

ADDRESS \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY)      (STATE)      (ZIP)

SSN [REDACTED]

SSN \_\_\_\_\_

EXEMPTION      CODE NO 1

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 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

**REASON FOR CORRECTION/DELETION**

JOHNNIE MARY GANDY IS DECEASED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission of the lawfully filed Homestead Exempt Mississippi Code of 1972 and the taxpayer whose n Notified of this correction

580

tion or of the above named County I do hereby attest to the fact that the application detailed above is needed to fully comply with Section 27 33 1 et seq appears on said application and the Board of Supervisors of this county have been

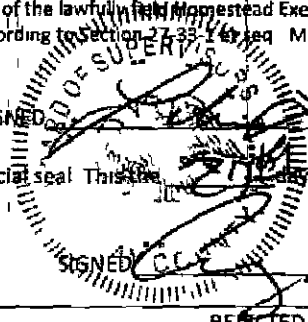
SIGNED \_\_\_\_\_

(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

SIGNED \_\_\_\_\_

Witness my signature and official seal This \_\_\_\_\_ day of September 20 12



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 2012

NAME 1 ORR                      ZADIE                      WATTS                      [REDACTED]  
(last name)                      (first name)                      (middle name)                      (social security no )

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_ SCHOOL DISTRICT WEST POINT

NAME 1 ORR                      ZADIE                      WATTS  
(LAST)                      (FIRST)                      (MIDDLE)

SSN [REDACTED]

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST)                      (FIRST)                      (MIDDLE)

EXEMPTION                      CODE NO 2

ADDRESS \_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY)                      (STATE)                      (ZIP)

- 1 Regular                      4 Dr Cert
- 2 Over 65                      5 DAV
- 3 Letter                      6 Comb Reg & Add

PARCEL NUMBER (S) \_\_\_\_\_  
PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
CORRECTED NUMBER BELOW

**REASON FOR CORRECTION/DELETION**

ZADIE WATTS ORR IS DECEASED

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**AUTHORIZATION**

500

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 25th day of September 20 12

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 2012

NAME 1 SYKES      JOSEPHINE      \_\_\_\_\_  
(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 _____		DISTRICT <u>WEST POINT</u>	
NAME 1 <u>SYKES</u> <u>JOSEPHINE</u> (LAST)      (FIRST)      (MIDDLE)		SSN _____	
NAME 2 _____ (LAST)      (FIRST)      (MIDDLE)		SSN _____	
ADDRESS _____ (STREET)		EXEMPTION      CODE NO <u>2</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		<b>REASON FOR CORRECTION/DELETION</b> <u>JOSEPHINE SYKES IS DECEASED</u>	
1 _____		_____	
2 _____		_____	
3 _____		_____	
4 _____		_____	
5 _____		_____	

**AUTHORIZATION**

591

(FOR A CORRECTION)

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

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of September 2012

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

**FOR MSTC USE ONLY**

DELETION (x)      CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

YEAR 2012

NAME 1 EWING      AMANDA      COX      [REDACTED]  
(last name)      (first name)      (middle name)      (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>		
NAME 1 <u>EWING</u> <u>AMANDA</u> <u>COX</u> (LAST)      (FIRST)      (MIDDLE)	SSN <u>[REDACTED]</u>				
NAME 2 _____ (LAST)      (FIRST)      (MIDDLE)	SSN _____				
ADDRESS _____ (STREET)	EXEMPTION		CODE NO <u>3</u>		
(CITY)      (STATE)      (ZIP)	1 Regular		4 Dr Cert		
	2 Over 65		5 DAV		
	3 Letter		6 Comb Reg & Add		
PARCEL NUMBER (S)	REASON FOR CORRECTION/DELETION				
1 _____	<u>AMANDA COX EWING IS DECEASED</u>				
2 _____	_____				
3 _____	_____				
4 _____	_____				
5 _____	_____				

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission of the lawfully filed Homestead Exemption Application 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

I am a duly authorized agent of the above named County I do hereby attest to the fact that the application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

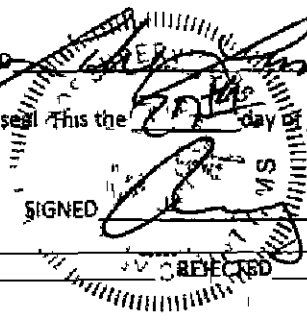
(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors of this county has requested and a copy of the application has been filed with the Board of Supervisors of this county and the Board of Supervisors of this county have been notified of this correction

I am a 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 a copy of the application has been filed with the Board of Supervisors of this county and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of September 2012



FOR MSTC USE ONLY	APPROVED _____
	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 2012

NAME 1 HAMPTON      FANNIE      MAE      [REDACTED]  
(last name)      (first name)      (middle name)      (social security no)

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

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>HAMPTON</u> (LAST)	<u>FANNIE</u> (FIRST)	<u>MAE</u> (MIDDLE)	SSN <u>[REDACTED]</u>
NAME 2 _____ (LAST)	_____ (FIRST)	_____ (MIDDLE)	SSN _____
ADDRESS _____ (STREET)			EXEMPTION      CODE NO <u>2</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>FANNIE MAE HAMPTON IS DECEASED</u>
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

**AUTHORIZATION**

593

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

\_\_\_\_\_

SIGNED \_\_\_\_\_

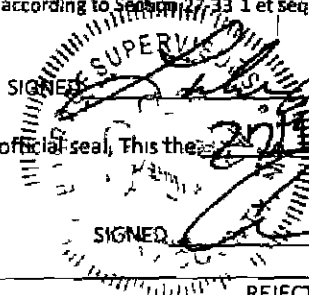
(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal, This the \_\_\_\_\_ day of \_\_\_\_\_

September 20 12



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 2012

NAME 1 HOLLIDAY      MARY      L      [REDACTED]  
(last name)      (first name)      (middle name)      (social security no )

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>HOLLIDAY</u> <u>MARY</u> <u>L</u> (LAST)      (FIRST)      (MIDDLE)		SSN <u>[REDACTED]</u>	
NAME 2 _____ (LAST)      (FIRST)      (MIDDLE)		SSN _____	
ADDRESS _____ (STREET)		EXEMPTION      CODE NO <u>3</u>	
(CITY)      (STATE)      (ZIP)		1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter      6 Comb Reg & Add	
PARCEL NUMBER (S)		REASON FOR CORRECTION/DELETION	
PARCEL NUMBER IS TO BE CORRECTED      GRAPHICAL ERROR CORRECTED NUMBER BELOW		<u>MARY L HOLLIDAY IS DECEASED</u>	
1 _____		_____	
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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

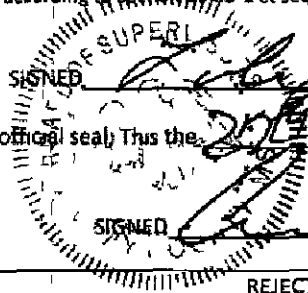
SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors of this county has requested and I have removed the name of \_\_\_\_\_ From the Supplemental Roll of allowed exemptions

I do hereby certify that the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors has requested and I have removed the name of \_\_\_\_\_ From the Supplemental Roll of allowed exemptions

Witness my signature and official seal This the 20th day of September 2012



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 2012

NAME 1 FELIX      NOLA      HABEL      \_\_\_\_\_  
(last name)      (first name)      (middle name)      (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>FELIX</u> (LAST)	<u>NOLA</u> <u>B</u> (FIRST)	<u>HABEL</u> (MIDDLE)	SSN _____
NAME 2 _____ (LAST)	_____ (FIRST)	_____ (MIDDLE)	SSN _____
ADDRESS _____ (STREET)			EXEMPTION      CODE NO <u>3</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>NOLA B HAZEL FELIX IS DECEASED</u>
2 _____			_____
3 _____			_____
4 _____			_____
5 _____			_____

**AUTHORIZATION**

**595**

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction.

SIGNED \_\_\_\_\_

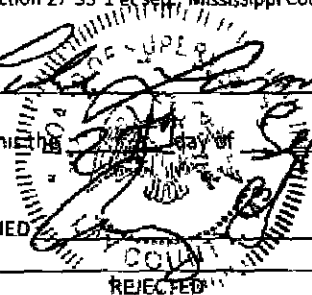
(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This \_\_\_\_\_ day of \_\_\_\_\_ 2012

SIGNED \_\_\_\_\_



FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION ( X )      CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

YEAR 2012

NAME 1 BILLUPS FREDDIE MAE [REDACTED]  
(last) (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 WEST POINT

NAME BILLUPS FREDDIE MAE  
(LAST) (FIRST) (MIDDLE)

SSN [REDACTED]

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 1

ADDRESS \_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

- 1 Regular      4 Dr Cert
- 2 Over 65      5 DAV
- 3 Letter      6 Comb Reg & Add

PARCEL NUMBER (S)  
PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
CORRECTED NUMBER BELOW

**REASON FOR CORRECTION/DELETION**

FREDDIE MAE BILLUPS IS DECEASED

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**AUTHORIZATION**

593

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission, I do hereby certify that the correction of the 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 who appears on said application and the Board of Supervisors of this county have been notified of this correction

on or of the above named County I do hereby attest to the fact that the application detailed above is needed to fully comply with Section 27 33 1 et seq, Mississippi Code of 1972 and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

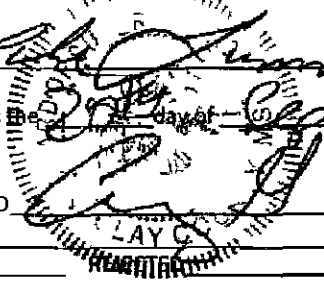
Being the duly elected and/or acting Clerk of the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemptions

Supervisors for the above named county I do hereby certify that the Board of Supervisors has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemptions according to Section 27 33 1 et seq, Mississippi Code of 1972

SIGNED \_\_\_\_\_

Witness my signature and official seal, This the 20th day of September, 2012

SIGNED \_\_\_\_\_



FOR MSTC USE ONLY	APPROVED _____
	Why rejected _____

Display Device  
User

WA  
T00410

TCHD/42750110013 00 00 00  
HOME STAD BROWSE SCREEN

IN 00000092 SILCONCMT # 0000000000 00 001: 00 00 002 00 00 003 00

NAME DEXTER ELIZABETH C

ADDRESS RT 1 BOX 167  
CITY: CEDAR BLUFF  
STATE MO  
ZIP 64741 0000

COUNTY 13 EXEMPTIONS E CEN/UFY 19 YEAR 97  
MUN CD: 000 SCH ID 1 MARITAL STATUS 2 TITLE TNO 1  
ADDITIONAL USE 1 DELETE PRIC: NUMBER OF PARCELS: 1 CP DOT: 3

DESCRIPTION 005 03 00000000

County

Print Key Output

Page 1

5722551 V5F4M0 060210

51014250

09/21/12 10:33:40

Display Device : WAA  
User : FORSHA

9/21/2012

REAL PROPERTY APPRAISAL

10:33:34

Homestead Transaction File Maintenance

Application Seq# 01

Current Year X

Parcel Number 005 05 0080000  
Landowner Name DEXTER ELIZABETH (LIFE EST)  
Address 3622 HWY 40  
City, St, Zip CEDAR BLUFF 30741  
Legal Description S 05 T 17 R 05  
Tax District 3010 Total Acres 80.00

Assessments  
Class 1  
Class 10 9650  
Total 9650

Application Name DEXTER ELIZABETH (LIFE EST)  
Spouse/Other Name DEXTER DON (RM)

\*Regular Homestead Code

Regular Percentage

Regular Home Lead Value

\*Special Homestead Code

Special Percentage

Special Homestead Value

Applicant's SS#

Spouse/Other SS#

Area Code & Phone

Comments/Notes

\*Exempt Code

\*Marital Status \*Title

Enter=Edit Info

\* F4=Prompt

F5=Update

F10=Delete

F12=Exit

ADJUSTMENTS

\*Additional Not Allowed

\*Not allowed code

TOTAL Homestead Value

Partial Ownership

\*Add'l Use \*Adjoining County  
00

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION ( X )      CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO \_\_\_\_\_

COUNTY CLAY

YEAR 2012

NAME 1 DEXTER      ELIZABETH      \_\_\_\_\_  
(last name)      (first name)      (middle name)      (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>DEXTER</u> <u>ELIZABETH</u> (LAST)      (FIRST)      (MIDDLE)		SSN _____	
NAME 2 _____ (LAST)      (FIRST)      (MIDDLE)		SSN <u>2</u>	
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 _____		<u>ELIZABETH DEXTER IS DECEASED</u>	
2 _____		_____	
3 _____		_____	
4 _____		_____	
5 _____		_____	

**AUTHORIZATION**

591

(FOR A CORRECTION)  
Being a duly authorized agent of the State Tax Commission of the 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

I, \_\_\_\_\_, Supervisor of the above named County, do hereby attest to the fact that the application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the Board of Supervisors of this county have been

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

SIGNED \_\_\_\_\_  
Witness my signature and official seal, This the 20th day of September, 2012  
SIGNED \_\_\_\_\_  
CLAY COUNTY MISSISSIPPI

FOR MSTC USE ONLY	APPROVED _____ 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 2017

NAME 1 ROBINSON      JOHN      ED      \_\_\_\_\_  
(last name)      (first name)      (middle name)      (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 WEST POINT

NAME 1 ROBINSON      JOHN      ED  
(LAST)      (FIRST)      (MIDDLE)

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST)      (FIRST)      (MIDDLE)

SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY)      (STATE)      (ZIP)

EXEMPTION      CODE NO 3

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S)

1 PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR,  
2 CORRECTED NUMBER BELOW

REASON FOR CORRECTION/DELETION

JOHN ED ROBINSON IS DECEASED

- 1 \_\_\_\_\_
- 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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal this the \_\_\_\_\_ day of \_\_\_\_\_ 2017

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION ( X )      CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY WEST POINT

ACCT NO \_\_\_\_\_

YEAR 2012

NAME 1 MITCHELL      EARCEAL      MARSHALL      [REDACTED]  
(last name)      (first name)      (middle name)      (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>		
<b>NAME 1</b> <u>MITCHELL</u> <u>EARCEAL</u> <u>MARSHALL</u> (LAST)      (FIRST)      (MIDDLE)			SSN <u>[REDACTED]</u>		
<b>NAME 2</b> _____ (LAST)      (FIRST)      (MIDDLE)			SSN _____		
<b>ADDRESS</b> _____ (STREET)			<b>EXEMPTION</b> <b>CODE NO</b> <u>2</u>		
_____ (CITY)      (STATE)      (ZIP)			1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter      6 Comb Reg & Add		
<b>PARCEL NUMBER (S)</b> IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			<b>REASON FOR CORRECTION/DELETION</b> <u>EARCEAL MARSHALL MITCHELL IS DECEASED</u>		
1 _____			_____		
2 _____			_____		
3 _____			_____		
4 _____			_____		
5 _____			_____		

**AUTHORIZATION**

601

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

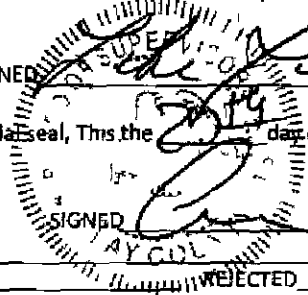
SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal, This the 12 day of September 2012



FOR MSTC USE ONLY	APPROVED _____
	Why rejected _____
	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 2012

NAME 1 SHERMAN      FREDDIE      \_\_\_\_\_  
(last name)      (first name)      (middle name)      (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>	
<b>NAME 1</b> <u>SHERMAN</u> <u>FREDDIE</u> (LAST)      (FIRST)      (MIDDLE)		SSN <u>                    </u>  SSN _____	
<b>NAME 2</b> _____ (LAST)      (FIRST)      (MIDDLE)		<b>EXEMPTION</b> CODE NO <u>2</u>  1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter      6 Comb Reg & Add	
<b>ADDRESS</b> _____ (STREET)  _____ (CITY)      (STATE)      (ZIP)		<b>REASON FOR CORRECTION/DELETION</b> <u>FREDDIE SHERMAN IS DECEASED</u> _____ _____ _____ _____ _____	
<b>PARCEL NUMBER (S)</b> PARCEL NUMBER IS TO BE CORRECTED, DUE TO TYPOGRAPHICAL ERROR CORRECTED NUMBER BELOW  1 _____ 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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 29 day of September 2012

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____
	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 2012

NAME 1 GIBBS SCOTT [REDACTED]  
(last name) (first name) (middle name) (social security no )

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL DISTRICT WEST POINT

NAME 1 GIBBS SCOTT  
(LAST) (FIRST) (MIDDLE)

SSN [REDACTED]

NAME 2 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET)

EXEMPTION CODE NO 2

- 1 Regular                      4 Dr Cert
- 2 Over 65                     5 DAV
- 3 Letter                        6 Comb Reg & Add

(CITY) (STATE) (ZIP)

PARCEL NUMBER (S)  
IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
LIST CORRECTED NUMBER BELOW

**REASON FOR CORRECTION/DELETION**

SCOTT GIBBS IS DECEASED

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**AUTHORIZATION**

63

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Comm  
Correction of the lawfully filed Homestead Exemptior  
Mississippi Code of 1972 and the taxpayer whose na  
Notified of this correction

on or of the above named County I do hereby attest to the fact that the  
plication detailed above is needed to fully comply with Section 27 33 1 et seq  
appears on said application and the Board of Supervisors of this county have been

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Boar  
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 field 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

SIGNED [Signature]

Witness my signature and official seal This the 27th day of September 2012

SIGNED [Signature]

REJECTED

FOR APPROVED

MSTC USE ONLY 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 2012

NAME 1 LENOIR          ROSIE          DAVIS          \_\_\_\_\_  
(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 WEST POINT

NAME 1 LENOIR          ROSIE          DAVIS  
(LAST)          (FIRST)          (MIDDLE)

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST)          (FIRST)          (MIDDLE)

SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY)          (STATE)          (ZIP)

EXEMPTION          CODE NO 2

- 1 Regular          4 Dr Cert
- 2 Over 65          5 DAV
- 3 Letter          6 Comb Reg & Add

PARCEL NUMBER (S)

PARCEL NUMBER IS TO BE CORRECTED, DUE TO TYPOGRAPHICAL ERROR  
CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

ROSIE DAVIS LENOIR IS DECEASED

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission, I do hereby certify that the correction of the 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

I, \_\_\_\_\_, Clerk of the above named County, do hereby attest to the fact that the application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 2012

*[Signature]*  
*[Signature]*  
CLERK OF SUPERVISORS  
CLAY COUNTY, MISSISSIPPI  
20th day of September 2012

FOR MSTC USE ONLY	APPROVED _____
	Why rejected _____
	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 WEST POINT

ACCT NO \_\_\_\_\_

YEAR 2012

NAME ADDISON                      MARY                      LOUISE                      [REDACTED]  
(last name)                      (first name)                      (middle name)                      (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_ SCHOOL DISTRICT WEST POINT

NAME ADDISON                      MARY                      LOUISE  
(LAST)                      (FIRST)                      (MIDDLE)

NAME 2 \_\_\_\_\_  
(LAST)                      (FIRST)                      (MIDDLE)

ADDRESS \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY)                      (STATE)                      (ZIP)

SSN [REDACTED]

SSN \_\_\_\_\_

EXEMPTION                      CODE NO 1

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 GRAPHICAL ERROR LIST CORRECTED NUMBER BELOW

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

MARY LOUISE ADDISON IS DECEASED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION**

605

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission, I do hereby certify that the Correction of the 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

I, \_\_\_\_\_, Clerk of the above named County, do hereby attest to the fact that the application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of September 2012

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____
	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 WEST POINT

ACCT NO \_\_\_\_\_

YEAR 2012

NAME 1 RODGERS                      HARRY                      LEE 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 \_\_\_\_\_

SCHOOL DISTRICT WEST POINT

NAME RODGERS                      HARRY                      LARRY SR  
(LAST)                      (FIRST)                      (MIDDLE)

S [REDACTED]

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST)                      (FIRST)                      (MIDDLE)

EXEMPTION                      CODE NO 2

ADDRESS \_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY)                      (STATE)                      (ZIP)

1 Regular                      4 Dr Cert  
2 Over 65                      5 DAV  
3 Letter                      6 Comb Reg & Add

PARCEL NUMBER (S)

PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
CORRECTED NUMBER BELOW

REASON FOR CORRECTION/DELETION

HARRY LEE RODGERS SR IS DECEASED

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**AUTHORIZATION**

6 6

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission, I do hereby certify that the Board of Supervisors of this county has requested and approved the correction of the lawfully filed Homestead Exemption Application detailed above as appears on the application and the Board of Supervisors of this county have been notified of this correction.

on or of the above named County I do hereby attest to the fact that the application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer who appears on the application and the Board of Supervisors of this county have been notified of this correction.

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors of this county has requested and approved the deletion of the lawfully filed Homestead Exemption Application detailed above as appears on the application and the Board of Supervisors of this county have been notified of this correction.

I do hereby certify that the Board of Supervisors for the above named county I do hereby certify that the Board of DELETION of the lawfully filed Homestead Exemption Application detailed above as appears on the application and the Board of Supervisors of this county according to Section 27 33-1 et seq Mississippi Code of 1972

SIGNED \_\_\_\_\_

Witness my signature and official seal, This the \_\_\_\_\_ day of \_\_\_\_\_ 2012

SIGNED \_\_\_\_\_

*[Handwritten Signature]*  
*[Official Seal]*  
*[Handwritten Signature]*

FOR  
MSTC  
USE ONLY

APPROVED \_\_\_\_\_

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 WEST POINT

ACCT NO \_\_\_\_\_

YEAR 2012

NAME 1 YOUNG CHARLENE \_\_\_\_\_  
(last name) (first name), (middle name)

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

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

MUNICIPALITY \_\_\_\_\_ SCHOOL DISTRICT WEST POINT

NAME 1 YOUNG CHARLENE \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

SSN [REDACTED]

NAME 2 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET)

EXEMPTION CODE NO 1

(CITY) (STATE) (ZIP)

- 1 Regular      4 Dr Cert
- 2 Over 65      5 DAV
- 3 Letter      6 Comb Reg & Add

PARCEL NUMBER (S)

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**REASON FOR CORRECTION/DELETION**

**CHARLENE YOUNG IS DECEASED**

**AUTHORIZATION**

6-7

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

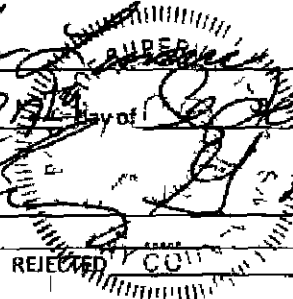
(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 23rd day of October 2012

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 \_\_\_\_\_

NAME 1 FULGHAM  
(last name)

LOIS  
(first name)

IVEY  
(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 WEST POINT

NAME 1 FULGHAM LOIS IVEY  
(LAST) (FIRST) (MIDDLE)

SSN \_\_\_\_\_

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

EXEMPTION          CODE NO 2

ADDRESS \_\_\_\_\_  
(STREET)

1 Regular	4 Dr Cert
2 Over 65	5 DAV
3 Letter	6 Comb Reg & Add

\_\_\_\_\_ (CITY) (STATE) (ZIP)

PARCEL NUMBER (S)

PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

LOIS IVEY FULGHAM IS DECEASED

6 8

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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED *[Signature]*

Witness my signature and official seal This the 20th day of September 2012

SIGNED *[Signature]*

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

Formerly 72 003

**FOR MSTC USE ONLY**


DELETION ( X )      CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

YEAR \_\_\_\_\_

NAME 1 PRICE      ETHEL      K       (security no )  
(last name)      (first name)      (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_ SCHOOL DISTRICT WEST POINT

NAME 1 PRICE      ETHEL      K  
(LAST)      (FIRST)      (MIDDLE)

SSN 

NAME 2 \_\_\_\_\_  
(LAST)      (FIRST)      (MIDDLE)

SSN \_\_\_\_\_

ADDRESS 701 SMITH STREET  
(STREET)

EXEMPTION      CODE NO 2

WEST POINT      MS      39773  
(CITY)      (STATE)      (ZIP)

- 1 Regular      4 Dr Cert
- 2 Over 65      5 DAV
- 3 Letter      6 Comb Reg & Add

PARCEL NUMBER (S)  
IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
LIST CORRECTED NUMBER BELOW

**REASON FOR CORRECTION/DELETION**

ETHEL K PRICE IS DECEASED

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**AUTHORIZATION**

609

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED  \_\_\_\_\_

Witness my signature and official seal This the 12 day of September 2012

SIGNED  \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	



ID	014	21	0030400	POSS	R	AINE	B			9/20/2012
AND VALUES	*Tract	S	*Location	K	*Quality	D	*Neigborhd		*U/M	M ASMT% 15
Uncult	Cult	*MTH	*CLS	Unit	Price	QTY	ADJ%	Use	Total	Market Value
	100		H		1500					1500
			S		3500					3500

or	try Acres	Class I		Class II		Total	
		Acreage	True Value	Acreage	True Value	Acreage	True Value
	Cult			100	5000	1 00	5000
6/21/2002	Uncult						
MIKE	Improv				44160		44160
11 26 58	Totals			1 00	49160	1 00	49160

F4=Prompt F5=Update F6=Lot/Depth F8=Lot/Sq Ft F9=Upd/Review F12=Cancel

*15% ASMT*

Homestead Transaction File Maintenance

Application Seq# 01

Current Year X  
 Parcel Number 014 21 0030400  
 Landowner Name POSS RAINIE B  
 Address  
 City, St, Zip  
 Legal Description S 21 T 15 R 05  
 Tax District 4010 Total Acres 1 00

Assessments  
 Class I 4916  
 Class II  
 Total 4916

Application Name POSS RAINIE BARNES  
 Spouse/Other Name \_\_\_\_\_

Regular Homestead Code _____		<u>ADJUSTMENTS</u>
Regular Percentage _____	Regular Homestead Value _____	
Special Homestead Code <u>0</u>	Special Homestead Value <u>4916</u>	
Special Percentage <u>100</u>	*Additional Not Allowed _____	
Applicant's SS# _____	*Not allowed code _____	
Spouse/Other SS# _____	TOTAL Homestead Value <u>4916</u>	

Area Code & Phone 000 000 0000  
 Comments/Notes  
 Exempt Code \*Marital Status \*Title \*Add'l Use \*Adjoining County  
 2 OVER 65 -- 5 SINGLE -- 1 FEE -- 1 NONE 00  
 Enter-Edit Info \* F4=Prompt F5=Update F10=Delete F12=Exit

*Rainie Poss is deceased  
 Delete Homestead*

**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 \_\_\_\_\_

NAME 1 POSS                      RAINE                      BARNES  
(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

<p>MUNICIPALITY _____</p> <p>SCHOOL DISTRICT <u>WEST POINT</u></p> <hr/> <p>NAME 1 <u>POSS</u>                      <u>RAINE</u>                      <u>BARNES</u> (LAST)                      (FIRST)                      (MIDDLE)</p> <p>NAME 2 _____ (LAST)                      (FIRST)                      (MIDDLE)</p> <p>ADDRESS <u>8552 BAKER ROAD</u> (STREET)</p> <p><u>PRAIRIE</u>                      <u>MS</u>                      <u>39756</u> (CITY)                      (STATE)                      (ZIP)</p> <hr/> <p>PARCEL NUMBER (S)</p> <p>PARCEL NUMBER IS TO BE CORRECTED    TO TYPOGRAPHICAL ERROR CORRECTED NUMBER BELOW</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p>	<p>SSN _____</p> <p>SSN _____</p> <hr/> <p>EXEMPTION                      CODE NO <u>2</u></p> <p>1 Regular                      4 Dr Cert 2 Over 65                      5 DAV 3 Letter                      6 Comb Reg &amp; Add</p> <hr/> <p style="text-align: center;"><b>REASON FOR CORRECTION/DELETION</b></p> <p><u>RAINE BARNES POSS IS DECEASED</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	--

**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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

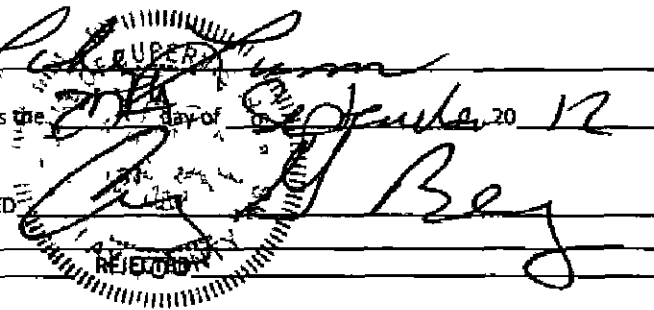
(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the \_\_\_\_\_ day of \_\_\_\_\_ 2012

SIGNED \_\_\_\_\_



<p>FOR MSTC USE ONLY</p>	<p>APPROVED _____</p> <p>Why rejected _____</p>
----------------------------------	---

**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 2012

NAME 1 WRIGHT      VIRGINIA      M      \_\_\_\_\_  
(last name)      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ no )

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____	SCHOOL DISTRICT <u>WEST CLAY</u>
NAME 1 <u>WRIGHT</u> <u>VIRGINIA</u> <u>M</u> (LAST)      (FIRST)      (MIDDLE)	SSN <u>                    </u>
NAME 2 _____ (LAST)      (FIRST)      (MIDDLE)	SSN _____
ADDRESS <u>672 CEDAR BLUFF LOOP</u> (STREET)	EXEMPTION      CODE NO <u>2</u>
<u>                    </u> (CITY)      (STATE)      (ZIP)	1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter      6 Comb Reg & Add
PARCEL NUMBER (S)	REASON FOR CORRECTION/DELETION
IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	<u>VIRGINIA M WRIGHT IS DECEASED</u>
1 _____	
2 _____	
3 _____	
4 _____	
5 _____	

**AUTHORIZATION**

613

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission of the lawfully filed Homestead Exemption Mississippi Code of 1972 and the taxpayer whose name is notified of this correction

or of the above named County I do hereby attest to the fact that the information detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the Board of Supervisors of this county have been notified of this correction

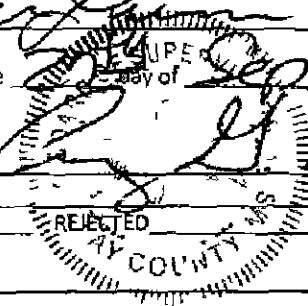
SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]  
Witness my signature and official seal This the \_\_\_\_\_ day of September 2012

SIGNED [Signature]



FOR MSTC USE ONLY	APPROVED _____
	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 2012

NAME 1 MOSELEY          BERTHA          M                                
(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 WEST CLAY

NAME 1 MOSELEY          BERTHA          M  
(LAST)          (FIRST)          (MIDDLE)

NAME 2 \_\_\_\_\_  
(LAST)          (FIRST)          (MIDDLE)

ADDRESS 1160 THOMPSON ROAD  
(STREET)

PHEBA          MS          39755  
(CITY)          (STATE)          (ZIP)

SSN                     

SSN \_\_\_\_\_

EXEMPTION          CODE NO 2

- 1 Regular          4 Dr Cert
- 2 Over 65          5 DAV
- 3 Letter          6 Comb Reg & Add

PARCEL NUMBER (S)

PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

BERTHA M MOSELEY IS DECEASED

614

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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 27th day of September 2012

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION  
OF THE  
HOMESTEAD EXEMPTION APPLICATION**

**FOR MSTC USE ONLY**

DELETION ( X )      CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

YEAR 2012

NAME 1 CARTER      ELNORA      WHITE      [REDACTED]  
(last name)      (first name)      (middle name)      (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY _____			SCHOOL DISTRICT _____		
NAME 1 <u>CARTER</u> <u>ELNORA</u> <u>WHITE</u> (LAST)      (FIRST)      (MIDDLE)			SSN <u>[REDACTED]</u>		
NAME 2 _____ (LAST)      (FIRST)      (MIDDLE)			SSN _____		
ADDRESS _____ (CITY)      (STATE)      (ZIP)			EXEMPTION      CODE NO <u>2</u>  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 _____ 2 _____ 3 _____ 4 _____ 5 _____			REASON FOR CORRECTION/DELETION <u>ELNORA WHITE CARTER IS DECEASED</u>		

**AUTHORIZATION**

615

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission, I do hereby certify that the Correction of the 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 who appears on said application and the Board of Supervisors of this county have been notified of this correction

or of the above named County I do hereby attest to the fact that the application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors 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 the county according to Section 27 33 1 et seq Mississippi Code of 1972

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 the county according to Section 27 33 1 et seq Mississippi Code of 1972

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September, 2012

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

619

DESCRIPTION: 051 D 25 A-11000 00

UNIT: 13 EXEMPTIONS: 2 CENTURY 10 YEARS - 95  
JN CD: 000 SCH CD: 0 MARITAL STATUS: 2 TITLE INFO: 1  
ADDITIONAL USE: 1 DELETE 1/1E NUMBER OF PARTS: 1 CR DGT: 2

DIR: 55 FI 2 BOX 65  
TYPE: WEST POINT  
DATE: MS  
LF: 30273 0000

AM JACKSON ESTATE LIT

LN 0000100 SECONDARY SSH: 00000000 VD 001: 00 VD COE: 00 AD CO3: 00

CID: 4268457913 00 00 00  
HIGHEST/LD BROWSE SCREEN

Display Device: WA  
Type: FORSHO

Print Key Output 5101450  
573551 VCR4M0 000210

**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 2012

NAME 1 JACKSON      ESSIE      LEE      [REDACTED]  
(last name)      (first name)      (middle name)      (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL DISTRICT WEST POINT

NAME 1 JACKSON      ESSIE      LEE  
(LAST)      (FIRST)      (MIDDLE)

SSN [REDACTED]

NAME 2 \_\_\_\_\_  
(LAST)      (FIRST)      (MIDDLE)

SSN \_\_\_\_\_

ADDRESS 4559 WHITE STATION ROAD  
(STREET)

EXEMPTION      CODE NO 2

WEST POINT      MS      39773  
(CITY)      (STATE)      (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S)

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

ESSIE LEE JACKSON IS DECEASED

**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 the 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

617

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

SIGNED [Signature]

Witness my signature and official seal This the 20th day of September, 2012

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

ACCT NO \_\_\_\_\_

COUNTY CLAY

YEAR 2012

NAME 1 LOGAN      BEATRICE  
(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 WEST POINT

NAME 1 LOGAN      BEATRICE  
(LAST)      (FIRST)      (MIDDLE)

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST)      (FIRST)      (MIDDLE)

SSN \_\_\_\_\_

ADDRESS 367 TEDFORD DRIVE  
(STREET)

EXEMPTION      CODE NO 1

WEST POINT      MS      39773  
(CITY)      (STATE)      (ZIP)

- 1 Regular      4 Dr Cert
- 2 Over 65      5 DAV
- 3 Letter      6 Comb Reg & Add

PARCEL NUMBER (S)

PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

BEATRICE LOGAN IS DECEASED

**AUTHORIZATION**

618

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the \_\_\_\_\_ day of \_\_\_\_\_ 2012

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

Display Device \* WA  
 Name TOWNSEND

010 4587321 11 00 00 00  
 HOME LEAD PLOWSE 01111

LN# 0134505 SECONDARY 5582 0000000000 00 001\* 00 40 00 04 00 003 00

NAME TOWNSEND WILLIE ANN

ADDRESS RT 2 BOX 61  
 CITY WEST POINT

COUNTY MS  
 ZIP 39072 0000

COUNTY 13 EXEMPTIONS\* 1 CENSUS\* 19 - FEEL\* 21  
 HIL CO 000 SCH CO\* 0 MARITAL STATUS\* 0 TITLE CHG\* 1  
 ADDITIONAL USE 1 DEBIT BYE NUMBER OF PARCELS\* 1 CK NOT\* 3

DESCRIPTION 051 0 25 A-01400 00



**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 2012

NAME 1 TOWNSEND      WILLIE      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 \_\_\_\_\_

SCHOOL DISTRICT WEST POINT

NAME 1 TOWNSEND WILLIE ANN  
(LAST)      (FIRST)      (MIDDLE)

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST)      (FIRST)      (MIDDLE)

SSN \_\_\_\_\_

ADDRESS 4441 WHITE STATION ROAD  
(STREET)

EXEMPTION      CODE NO 2

WEST POINT      MS      39773  
(CITY)      (STATE)      (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S)

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
LIST CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

PROPERTY IS NON - OWNER OCCUPIED

**AUTHORIZATION**

6-1

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of Sept 2012

SIGNED \_\_\_\_\_

REJECTED

FOR  
MSTC  
USE ONLY

APPROVED \_\_\_\_\_

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 2012

NAME 1 YOUNG CHARLENE  
(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 WEST POINT

NAME 1 YOUNG CHARLENE  
(LAST)                      (FIRST)                      (MIDDLE)

SSN                     

SSN \_\_\_\_\_

NAME 2 \_\_\_\_\_  
(LAST)                      (FIRST)                      (MIDDLE)

EXEMPTION                      CODE NO 1

ADDRESS 528 E MORROW STREET  
(STREET)

- 1 Regular                      4 Dr Cert
- 2 Over 65                      5 DAV
- 3 Letter                      6 Comb Reg & Add

WEST POINT                      MS                      39773  
(CITY)                      (STATE)                      (ZIP)

PARCEL NUMBER (S)

PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
CORRECTED NUMBER BELOW

REASON FOR CORRECTION/DELETION

CHARLENE YOUNG IS DECEASED

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**AUTHORIZATION**

629

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED \_\_\_\_\_

Witness my signature and official seal This the 20th day of September 2012

SIGNED \_\_\_\_\_

FOR MSTC USE ONLY	APPROVED _____
	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 2012

NAME 1 Byrd Oliver Carroll  
(last name)      (first name)      (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_

SCHOOL DISTRICT West Point

NAME 1 Byrd Oliver Carroll  
(LAST)      (FIRST)      (MIDDLE)

SSN [REDACTED]  
SSN [REDACTED]

NAME 2 Byrd Mary Ellen May  
(LAST)      (FIRST)      (MIDDLE)

EXEMPTION      CODE NO 2

ADDRESS 1360 S Eshman Ave  
(STREET)  
West Point MS 39173  
(CITY)      (STATE)      (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S)

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION

Oliver is deceased and  
Mary lives in  
Hattiesburg, MS

092A224F 0050000

AUTHORIZATION

633

(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 the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

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

SIGNED [Signature]

Witness my signature and official seal This the 2012 day of September 12

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 2012

NAME 1 Jimerson Grady  
(last name)      (first name)      (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

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

MUNICIPALITY \_\_\_\_\_ SCHOOL DISTRICT West Clay

NAME 1 Jimerson Grady  
(LAST)      (FIRST)      (MIDDLE)



NAME 2 Jimerson Mary Helen  
(LAST)      (FIRST)      (MIDDLE)

EXEMPTION      CODE NO 2  
1 Regular      4 Dr Cert  
2 Over 65      5 DAV  
3 Letter      6 Comb Reg & Add

ADDRESS 8120 N Beasley RD  
(STREET)  
Pheba MS 39755  
(CITY)      (STATE)      (ZIP)

PARCEL NUMBER (S)  
IF PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR  
LIST CORRECTED NUMBER BELOW  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

REASON FOR CORRECTION/DELETION  
Grady is deceased and  
Mary lives in  
Houston, MS  
043 19 0230000

**AUTHORIZATION**

624

(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 or the 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 \_\_\_\_\_

(OR 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

SIGNED [Signature]  
Witness my signature and official seal This the 20th day of Sept 2012  
SIGNED [Signature]

FOR MSTC USE ONLY      APPROVED \_\_\_\_\_      REJECTED \_\_\_\_\_  
Why rejected \_\_\_\_\_

NO \_\_\_\_\_

**IN THE MATTER OF AUTHORIZING THE PRESIDENT TO  
EXECUTE THE PERMIT TO INSTALL A WATER LINE  
ON HENRYVILLE ROAD FOR THE BENEFIT OF MAE BREWER**

---

There came on this day for consideration the matter of authorizing the President to execute the permit to install a water line on Henryville Road for the benefit of Mae Brewer

It appears to this Board Mae Brewer is requesting for this Board to authorize the application and permit as attached as Exhibit "A" in order for her to have a water line installed from Henryville Road to 1069 Brewer Road and for the installation cost of said water line to be at her personal expense

After motion by Floyd McKee and second by Lynn Horton, this Board doth vote unanimously to authorize the President to execute the State Aid Permit and Application for a water line to be installed from Henryville Road to the residence of Mae Brewer located at 1069 Brewer Road at her personal expense

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President



PERMIT APPLICATION FOR USE AND OCCUPANCY AGREEMENT  
FOR THE CONSTRUCTION OR ADJUSTMENT OF A UTILITY  
WITHIN COUNTY ROAD RIGHT-OF-WAY

PROJECT NO 5 COUNTY Clay

UTILITY NAME Sun Creek Water

BY \_\_\_\_\_  
(Name & Company Title)

ADDRESS 1069 Brewer Rd, herein called APPLICANT

proposes to construct a water line  
(Type of Facility)

along or across Henryville Road Road, said facility to be  
(Name of Road)

installed between Station No \_\_\_\_\_ and Station No \_\_\_\_\_ and within the road

right of way and hereby makes application to the County for the construction permit Attached hereto are

drawings or plans for the construction, which will not be changed or altered without approval of the Board of

Supervisors or its authorized representative

WHEREAS the Legislature of Mississippi has heretofore granted to the Applicant the right to locate its facilities upon across under over and along public roads and streets within the State of Mississippi Applicant agrees to comply with applicable provisions of S O P No SA II 2 8 Policy for the Accommodation of Utility Facilities within the Rights-of Way of County Federal Aid and State Aid Roads (hereinafter referred to as the Policy ) promulgated by the State Aid Engineer and dated July 1 2005 and which is hereby made a part of this Application Agreement and agrees to perform the construction according to the applicable industry code and according to the plans and specifications for the project

The Applicant shall be responsible for future maintenance and repair of the facilities The Applicant shall make future adjustments in or relocate the facilities located within the road right of way when required for road widening construction or maintenance and its right to reimbursement of its costs shall be in accordance with State Laws affecting County roads in effect at the time such adjustment or relocation is made Further any maintenance repair or construction shall be done in such a manner as to occasion no unreasonable interference with the normal flow and safety of traffic

A general description of the size, type, nature and extent of the Utility work to be done is as follows

A three inch steel pipe, with 2 inch scheduled 40 PVC pipe needs to be put under the Henryville Rd for me to be able to hook to the water main

The Applicant understands and agrees that, except as herein granted no right title claim or easement to said road right-of way is granted by the issuance of this permit and that if this Utility Facility is not placed within the allowable horizontal and vertical limits as listed in the general provisions of the Policy it will be adjusted to comply with same without cost to the County unless the variance from the Policy has been approved by the granting of the Permit pursuant to this Application

Clay


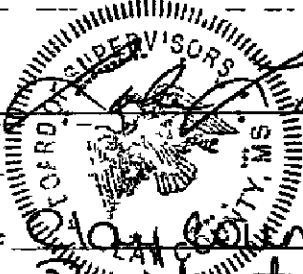
County agrees to the following stipulations

- (1) To cooperate with the Utility Company in every way to avoid conflicts in the location construction and maintenance of the County road and Utility Facility
- (2) To pursue any and all legal means to see that Policy Standards except to the extent of any variance shown on the plans filed herewith and approved are complied with in the facility installation
- (3) If the County/LSBP Engineer or other authorized representative of the Board of Supervisors approved the drawings sketches and plans submitted by the Applicant he shall so indicate by signing and dating the Permit Approval at the end of this Application and the Applicant may proceed with the installation if the drawings sketches and plans are not approved he shall promptly notify the Applicant and advise him of the reason or reasons He will also act as the duly appointed representative of the Board of Supervisors and will give his approval to the completed work as being in compliance with the location and standards shown in the Policy and in this Agreement for the installation
- (4) That all joint road construction and utility adjustment or relocation operations will comply with the requirements of Section S 105 06 and Section S 107 18 Mississippi Standard Specifications for State Aid Road and Bridge Construction 2004 edition (or current edition)
- (5) Should any terms or provision of this Agreement conflict with the Laws of the State of Mississippi or the United States or impair or deny to the Applicant or the County any right protected thereby it shall be deemed amended to conform to said Laws

WITNESS THE SIGNATURE OF THE APPLICANT this the 27<sup>th</sup> day of

September, 2012

By

Title

Clay County Board of Supervisors  
President

AGREED TO AND APPROVED BY ORDER OF THE

Clay

COUNTY BOARD OF SUPERVISORS this the

27<sup>th</sup>

day of

September

2012

By

Robert Z. Albert

County/LSBP Engineer

DIVISION OF STATE AID ROAD CONSTRUCTION STANDARD OPERATING PROCEDURES		S.O.P. NO. SAD II-2-8 Page 1 of 20	
SUBJECT ACCOMMODATION OF UTILITIES ON RIGHTS-OF-WAY			DISTRIBUTION
EFFECTIVE January 1, 1983	ISSUED INITIAL	SUPERSEDES S.O.P. NO. EFFECTIVE	APPROVED <i>Willie P. Stovner</i> STATE AID ENGINEER
<p>PURPOSE To State The Policy Of The State-Aid-Division To Regulate The Installation And/Or Adjustment Of Utility Facilities Within The Rights-Of-Way Of The County-Federal Aid And State Aid Systems.</p> <p>The County Has The Responsibility To Maintain Its Highway Rights-Of-Way In Such A Manner As Will Preserve The Integrity, Safety, And Function Of The Highway Facilities. Since The Manner In Which Utilities Cross Or Otherwise Occupy Highway Rights-Of-Way Can Affect The Appearance, Safety, and Maintenance Of The Highway, It Is Necessary That Such Use And Occupance Be Authorized And Reasonably Regulated.</p> <p>1. <u>APPLICATION:</u></p> <p>This Policy applies to all public and private utilities, including electric power, telephone, telegraph, water, gas, oil, petroleum products, steam, chemicals, sewage, drainage, irrigation, and similar lines, that are to be accommodated, adjusted, or relocated within the rights-of-way on the County-Federal Aid and State Aid Systems. The Board at its discretion may apply this Policy to those County roads not on the Federal Aid and State Aid Systems. Such utilities may involve underground or overhead facilities, either singularly or in combination.</p> <p>2. <u>SCOPE:</u></p> <p>This Policy provides for regulating the future location, design, and method of installing, adjusting, and maintaining utilities within the rights-of-way of the County-Federal Aid and State Aid Systems. It does not alter those regulations governing the location, relocation and/or adjustment of utility facilities previously authorized by the Boards of Supervisors; nor does it determine the financial responsibilities of the County and the utilities involved. It is limited to matters which are the responsibility of the highway authorities of the County and State for preserving the integrity of the highways and their safe operation.</p> <p>Where laws or orders of Boards of Supervisors or other public authorities, industry, or governmental codes prescribe a higher degree of protection than provided by this Policy, then the higher degree of protection should prevail.</p> <p>3. <u>DEFINITION OF TERMS</u></p> <p>The following terms contained in this Policy or in related and supplemental documents, instruments, and/or permits shall be interpreted as follows</p>			

629

SUBJECT: ACCOMMODATION OF UTILITIES ON RIGHTS-OF-WAY	DISTRIBUTION
--	--------------

EFFECTIVE	ISSUED	SUPERSEDES	Page	of	APPROVED
January 1, 1983	INITIAL	S.O.P. NO. EFFECTIVE			<i>William P. Stevenson</i> STATE AID ENGINEER

APPLICANT. Any utility company, association or individual receiving a permit from the County Board of Supervisors to locate, relocate, adjust and maintain its utility facilities within the County highway rights-of-way.

BACKFILL The replacement of soil around and over a pipe or conduit.

BEDDING The organization of soil to support a pipe.

BOARD The Board of Supervisors of the individual County.

BOND The approved form of security furnished by the applicant and its surety, if required, as a guaranty of good faith and ability on the part of the applicant to execute the work and maintenance in accordance with the terms of the permit and these specifications.

BURY Depth of the top of pipe below the grade of roadway or ditch.

CAP Rigid structural element surmounting a pipe.

CARRIER A pipe directly enclosing a transmitted fluid (Liquid or gas).

CASING. A larger pipe enclosing a carrier pipe.

CLEAR ROADSIDE POLICY The policy employed by highway authorities to increase safety, improve traffic operation, and enhance the appearance of highways by designing, constructing, and maintaining highway road-sides as wide, flat, and rounded as practicable and to eliminate physical obstructions above the ground, such as trees, drainage structures, sign supports, utility poles, and other ground-mounted obstructions.

COATING Material applied to or wrapped around a pipe.

CONVENTIONAL HIGHWAY An arterial highway without access control.

CONDUIT OR DUCT An enclosed tubular runway for protecting wires or cables.

COUNTY That area of land, designated by law, under the jurisdiction of the County Board of Supervisors.

CRADLE. Rigid structural element below and supporting a pipe.

CROWN The vertical rise between the edge of the road (shoulder line) and the center of the road.

SUBJECT: ACCOMMODATION OF UTILITIES ON RIGHTS-OF-WAY

DISTRIBUTION

EFFECTIVE January 1, 1983	ISSUED INITIAL	SUPERSEDES S.O.P. NO. EFFECTIVE	Page of	APPROVED <i>Della P. Stroman</i> STATE AID ENGINEER
------------------------------	-------------------	---------------------------------------	---------	---

CROWN WIDTH: The horizontal distance between the shoulder lines of the road.

DIRECT BURIAL Installing a utility facility underground without encasement

DRAIN Appurtenance to discharge liquid contaminants from casings.

ENCASEMENTS Structural element surrounding a pipe.

ENCROACHMENT Authorized or unauthorized use of highway right-of-way or easements, as for signs, fences, buildings, etc.

ENGINEER The County Engineer employed by the County Board of Supervisors in accordance with law and acting under the rules and regulations of this Policy and the approval of the State Aid Engineer.

FLEXIBLE PIPE A plastic, fiberglass or metallic pipe having large ratio of diameter to wall thickness which can be deformed without undue stress.

GALLERY A underpass for two or more pipelines

GROUNDING Connected to earth or to some extended conducting body which serves instead of the earth, whether the connection is intentional or accidental.

GROUT A cement mortar or slurry of fine sand or clay, as conditions govern.

HIGHWAY, STREET OR ROAD A general term denoting a public way for the purpose of vehicular travel, including the entire area within the right-of-way.

JACKET Encasement by concrete poured around a pipe.

MANHOLE An opening in an underground system which workmen or others may enter for the purpose of making installations, inspections, repairs, connections, and tests

MEDIAN The portion of a divided highway separating the traveled way for traffic in opposite directions.

MATERIALS Any specified substance, manufactured items or raw materials used in the utility facility construction.

DIVISION OF STATE AID ROAD CONSTRUCTION STANDARD OPERATING PROCEDURES		S.O.P. NO. SAD II-2-8 Page 4 of 20	
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<p><u>NORMAL</u> Crossing at a right angle.</p> <p><u>OBLIQUE</u> Crossing at an acute angle.</p> <p><u>OVERFILL</u> Backfill above a drainage structure above natural ground.</p> <p><u>PAVEMENT STRUCTURE</u> The combination of subbase, base course, and surface course placed on the subgrade to support the traffic load and distribute it to the roadbed.</p> <p><u>PERMIT</u> The permission, in written form, issued by the Board through its authorized representative to the applicant to proceed with the utility facility location, relocation, and/or adjustment within the highway rights-of-way under the provisions of this Policy.</p> <p><u>PLANS</u> The proposal of the applicant to do certain utility work within a highway right-of-way, including working drawings showing the location, character of work, dimensions, and details of the work proposed.</p> <p><u>PIPE</u> A tubular product made as a production item for sale as such. <del>Cylinders formed from plate in the course of the fabrication of auxiliary equipment are not pipe as defined here.</del></p> <p><u>PRESSURE</u> Relative internal pressure in PSIG (pounds per square inch gauge).</p> <p><u>PROJECT</u> Specific construction within a highway right-of-way for which a permit is sought by the applicant.</p> <p><u>RIGHT-OF-WAY:</u> The land conveyed, reserved, secured, dedicated, acquired, or used for highway or street purposes</p> <p><u>RIGID PIPE</u> A welded or bolted metallic pipe or reinforced, prestressed, or pretensioned concrete pressure pipe designed for diametric deflection of less than 10 percent.</p> <p><u>ROADBED</u> The graded portion of a road, between the intersection of top and side slopes, upon which the pavement structure and shoulders are constructed.</p> <p><u>ROAD SIDE</u> A general term denoting the area adjoining the outer edge of the roadway</p>			
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ROADWAY The portion of a highway, including shoulders, for vehicular use

SEMI-RIGID PIPE: A large diameter metallic pipe designed to tolerate diametric deflection up to 3.0 percent.

SIDEFILL Backfill alongside a pipe.

SHOULDERS: That portion of roadway contiguous with the traveled way for accommodating stopped vehicles and for lateral support of the base and surface courses.

SLEEVE A short casing through a pier or abutment of a highway structure

SPECIAL PROVISIONS Specific directions and provisions additional to these specifications and made a part of the permit, setting forth conditions or requirements peculiar to the permit or project and which govern over these specifications

STATE AID ENGINEER The Engineer who is responsible for administering the State Aid Road Program as provided for in Section 8035-02, Mississippi Code of 1942, Recompiled, as amended

SUBGRADE That portion of the roadway prepared as a foundation for the subbase, base and pavement structure. The subgrade may be considered as part of the subbase structure when treated with appropriate additives

SURETY That corporate body, qualified under the laws of Mississippi, which is bound with and for the applicant for acceptable performance of the project construction and maintenance

TRAVELED WAY That portion of the roadway for the movement of vehicles, exclusive of shoulders and auxiliary lanes

TRENCHED Installed in a narrow open excavation.

UNTRENCHED Installed without breaking ground or pavement surface, such as by jacking or boring

USE AND OCCUPANCY AGREEMENTS The document by which the County Board of Supervisors regulates and gives approval of the use and occupancy of County highway right-of-way for utility facilities.



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<p><u>UTILITY</u>: Any public or private company, whether owned by a person, partnership, district, association or corporation, operating an electric, telephone, radio, telegraph, gas, oil, water, or sewer transmission or distribution, proposing to construct or adjust its lines within the right-of-way of a County highway or street. A utility shall include any contractor or subcontractor, or other person proposing to perform work for the applicant within a County highway right-of-way. The words "Applicant" and "Utility" mean the same in this Policy.</p> <p><u>VENT</u> An appurtenance to discharge gaseous contaminants from casings.</p> <p><u>WALLED</u> Partially encased by concrete poured alongside the pipe.</p> <p>4. <u>GENERAL CONSIDERATIONS</u></p> <p>4.1 <u>Location</u></p> <p>4 1.1. Utility lines should be located in such manner as to minimize the need for later adjustments to accommodate future highway improvements and to permit access for servicing such lines with a minimum interference to highway traffic.</p> <p>4 1.2. Longitudinal installations should be located on reasonably uniform alignment and as near as practical to the right-of-way line so as to provide a safe environment for traffic operation and to preserve space for future highway improvements or other utility installations.</p> <p>4 1.3 Utility line crossings of the highway should cross on a line generally normal to highway alignment to the maximum practical extent.</p> <p>4.1.4. The proposed horizontal and vertical dimensions and clearances for the various types of utilities must be clearly shown on the plans or stated in the agreement between the Board and the Utility.</p> <p>4 1.5 Utility lines shall be installed within the rights-of-way in such manner and at such locations as will provide the maximum roadside clearance from the edge of the traveled way. Normally the installations will be at or near the backside of the right-of-way and shall be a minimum of thirty(30) feet from the edge of the traveled way where the right-of-way width and typical cross section will permit.</p> <p style="text-align: center;">634</p>			

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4.1.6. Safety and Convenience Control of Traffic. Traffic controls for Utility construction and maintenance operations should conform with the manual on Uniform Traffic Control Devices for Streets and Highways. All construction and maintenance operations should be planned with full regard to safety and to keep traffic interference to an absolute minimum.

Servicing, Maintenance and Repairs All Utility facilities should be kept in a good state of repair both structurally and from a standpoint of appearance. The Utility use and occupancy agreement should identify maintenance operations which are permitted and indicate situations where prior notification to the County Board is required

4.2. Plans and Design The Utility and its Engineer shall be responsible for the design and development of plans for the proposed installations and/or adjustments.

The County Engineer, ~~acting as the duly authorized~~ representative of the Board, shall be responsible for the review of plans and design of utility installation to determine if they meet the requirements set out in this Policy and shall recommend approval or disapproval to the Board.

All utility installations shall meet the following minimum requirements:

4 2.1. Electrical power and communication lines shall conform to the National Electrical Safety Code.

4 2.2. Water lines shall conform to the specifications of the American Water Works Association.

4.2 3. Pressure pipe lines shall conform with currently applicable sections of ANSI Standard Code for Pressure Piping of the American National Standards Institute and applicable industry codes, including

- (1) Power Piping ANSI B31.10
- (2) Petroleum Refinery Piping ANSI B31 3
- (3) Liquid Petroleum Transportation Piping Systems ANSI B31.4
- (4) Gas Transmission and Distribution Piping Systems ANSI B31.8

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4.2.4. Sewer lines--ASTM specifications.

4.3. ~~Application For Permit~~ The Utility shall request a permit to make a specific installation of its facilities within the rights-of-way. The request must be submitted in triplicate on forms obtained from the County Engineer or other duly authorized representative of the Board, together with detailed sketches and drawings showing the proposed installation.

The County Engineer will review the request and, if found to meet the requirements of this Policy, will make his recommendation to the Board whether or not the installation be authorized. When authorized, one copy of the approved request will be furnished the Utility, one copy will be furnished the State Aid Division, and one copy retained by the County.

The County Engineer will keep records of all permits issued and should carefully review subsequent requests to prevent conflicts in the location of utility facilities and interruptions in utility services.

4.4. ~~Board's Jurisdiction Over County Roads~~ The Board of Supervisors of a County has legal jurisdiction of all County roads, and nothing in this Policy is intended to limit that authority.

The Board will authorize its duly appointed County Engineer to regulate the manner in which utility facilities are located within the right-of-way, subject to the rules and regulations of this Policy.

4.5. Prosecution and Progress of the Work The Board and County Engineer will not recognize any Contractor, Subcontractor, agent, or employee on the project except as a direct representative of the Utility named in the application. The Utility Company shall be fully responsible for the work performed under these regulations.

The control of proposed work to be done on County Highway rights-of-way, especially underground installations, will be staked by the Utility engineering personnel to facilitate inspection by the County Engineer prior to installation. Horizontal clearance for the new underground installations shall be a minimum of five (5) feet from any previously installed utility to prevent interruption of service

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<p>No work on installations and/or adjustments of utility facilities shall be performed until the permit has been approved by the County and until the County Engineer has been given at least twenty-four (24) hours advanced notice.</p> <p>The Board and County Engineer may require certain phases of the work to be completed first and shall at all times have authority to regulate the progress of the work within the right-of-way when they deem it to be in the public interest, welfare, and safety.</p> <p>4.6. <u>Utility's Responsibility to the Public</u> The Utility shall observe and comply with all ordinances and regulations affecting those engaged or employed in the work. The applicant shall also conduct its operations so as to offer the least possible obstruction and inconvenience to the traveling public. The Utility shall provide and maintain, as far as practicable, convenient access to driveways, houses and buildings along the right-of-way under construction, and shall keep the road open, provide barricades, warning signs, flagmen, lights and other safety devices as needed to warn the traveling public that construction is in progress.</p> <p>When the use of explosives is necessary for the prosecution of the work, the Utility shall use utmost care not to endanger life or property and shall give ample advance notice to the Engineer when the explosives are to be used. The Utility shall be responsible for the preservation from injury to damage, resulting directly or indirectly, from execution of the work of all public or private property adjacent to the work, such as poles, trees, shrubbery, crops, overhead structures (wires, cable, etc.) and all underground structures such as pipes, conduits, meters, etc., within or outside the right-of-way.</p> <p>The applicant shall take into consideration other Utilities having facilities within the right-of-way and shall take precautions not to damage or interfere with such property or the use thereof.</p> <p>4.7. <u>Exceptions</u></p> <p>4.7.1 <u>Emergency Repairs</u> Whenever breaks, leaks or other abnormal occurrences interrupt Utility services, the Utility may restore such services without securing a permit but shall perform such work in such manner as will do the least possible damage to the highway facility and as will</p>				

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create the least possible safety hazard to the traveling public. He shall notify the Board and County Engineer of such emergency repairs.

Where new installations are to be made across a paved highway such new installations shall be made by jacking or boring process and shall be encased as provided in Section 4.2 and 5.3 of these regulations.

- 4.7.2. Overhead Service and Supply Lines. Work on overhead facilities and supply lines which do not require trenching, excavating or erecting poles or structures within the rights-of-way may be installed by the Utility without a permit, provided such installation does not conflict with the provisions of this Policy nor interfere with traffic in any way.

5. POWER AND COMMUNICATION LINES

5.1. Overhead Power and Communication Lines

5.1.1. Location and Alignment.

- (1) All overhead or aboveground facilities, including poles, meters, entrance boxes, connectors, and other devices should be located as near the right-of-way is of sufficient width to accommodate same, poles for overhead lines should be not less than thirty feet (30') from the edge of the traveled way.
- (2) Where irregular shaped areas of the rights-of-way extend beyond the normal right-of-way limits, the location of the utility facility should be such as will provide a reasonably uniform alignment
- (3) The trimming and cutting of trees and shrubbery on private property adjacent to the right-of-way line to accommodate an overhead facility is a responsibility of the Utility.
- (4) Guy wires and cables to ground anchors are not to be placed between the pole and traveled way where they will encroach upon clear roadside or maintenance areas.

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(5) ~~Longitudinal installations of overhead facilities should be limited to single pole type construction. Where more than one type of overhead facility is to be accommodated, joint use of single pole construction should be encouraged.~~

5.1.2. Vertical Clearances The minimum vertical clearances of overhead lines above the roadway surface shall be

Lines of 750 Volts or Less	20 Feet
Lines of 750 Volts or More	24 Feet
Guy Wires and Cables and Communication Lines	18 Feet

Greater vertical clearances should be obtained when required by the National Electric Safety Code.

5.2 Underground Power and Communication Lines Underground facilities shall be installed by accepted methods and practices and shall conform to all applicable codes, standards, and specifications

5.2.1. Location and Alignment:

(1) Longitudinal Installations The underground facilities shall be located parallel to and adjacent to the right-of-way line so as to minimize interference with drainage and maintenance of the roadside area.

In special cases where it is not feasible to locate the facility adjacent to the right-of-way line, the Board and County Engineer may approve a location between the right-of-way line and the shoulder line, but not less than ten (10) feet from the edge of the pavement

(2) The underground installations are not to be constructed on shoulders

In special cases, installations may be approved on foreslopes, provided the trenching or plowing does not cut through the base and subbase drainage, and further provided that the installations do not undermine the embankment or cut foreslopes.

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- (3) Pedestals or other underground utility appurtenances installed as a part of the buried cable facility shall be located outside of the highway maintenance area.
- (4) Road crossing installations should be located at right angles to the roadway
- (5) Roadway structures are not to be used for road crossing installations
- (6) Unsuitable locations for underground road crossing installations such as in deep cuts, near bridge footings, across intersections at grade, at cross drains, and in rocky terrain should be avoided.
- (7) All installations crossing hardsurfaced or paved roads must be accomplished by jacking or boring. The cutting of the base and pavement structures by the open trench method will not be permitted.

5.2.2. Depth of Bury:

- (1) Longitudinal lines should be installed at a depth of not less than 24 inches below the ground surface where such installations are made outside of cut, ditch or fill slope areas.
- (2) Where longitudinal lines are placed within cut, ditch or fill slope areas, the depth of bury shall be not less than 36 inches below the ground surface.
- (3) Underground installations of road crossings should be a minimum of four feet (4') below the road surface, and/or three feet (3') below ditch bottom.

5.2.3. Backfill and Resodding of Disturbed Construction Areas

- (1) All trenches or disturbed areas of construction shall be backfilled and thoroughly tamped in lifts not to exceed six (6) inches to prevent erosion.
- (2) Disturbed areas of construction will be dressed and resodded to restore the area to original condition of natural growth.

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5.2.4. Encased and Unencased Construction:

- (1) Electric power or telephone cables must be encased when required by applicable codes and standards governing that particular Utility. Encasement of all lines is encouraged for maintenance reasons, since the cutting of the pavement, base and subbase for maintaining or replacing the cables will not be permitted.
- (2) Unencased cable crossings should be limited to small bores where soil conditions permit boring a hole about the same size of the cable and pulling the cable through.
- (3) Where underground road crossing lines are encased in protective conduit, the encasement should extend a minimum of five feet (5') beyond the toes of slope or to the ditch line. Where appropriate, the encasement should extend to a point outside of construction limits to allow for future widening of the highway facility
- (4) Where unencased bored installations are proposed, the Utility is to furnish information as to controls and construction methods to be employed before the proposed installation is considered by the County.

5 3. Attachment of Utility Facilities to Bridges:

5.3 1. General The attachment of utility lines to bridges should be avoided where it is feasible and reasonable to locate the utility lines elsewhere. However, where other locations prove to be extremely difficult and unreasonably costly, consideration will be given to attaching the utility line to a bridge structure by a method acceptable to the County and the State Aid Engineer. Such consideration shall conform to logical and sound engineering principles for preserving the highway structure, its safe operation, maintenance, and appearance. The following provisions should be adhered to



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<p>5.3.2. Each proposed bridge attachment shall be considered on its merits and shall be separately designed. Such attachment will not be considered unless the structure in question is of a design that is adequate to support the utility facility without compromise of highway features, including reasonable ease of bridge maintenance.</p> <p>5.3.3. Utility facility mountings must be of a type that will prevent rattling of the lines under traffic vibrations</p> <p>5.3.4. Utility installations that would reduce the vertical clearance - otherwise available - above streams, pavements, or rails will not be permitted.</p> <p>5.3.5. On pipe lines carrying liquids, gases and other petroleum products, the utility company shall be responsible for designing the lines so as to eliminate the need for encasement. The lines shall also be designed and attached in such a manner as will prevent corrosion to the concrete and steel members of the bridge.</p> <p>5.3.6. Proposed bridges may be designed over and above normal standards to carry the additional loading of utility lines, provided the additional costs involved are borne by the Utility Company</p> <p>6. <u>PRESSURE PIPELINES CARRYING GASES, FLAMMABLE LIQUIDS, OR WATER</u></p> <p>6.1 <u>Design</u> The Utility is responsible for the design of its facilities in accordance with all applicable codes, standards, and laws. The County Engineer, as the authorized agent of the Board, is responsible for the manner in which the facilities are located on the County right-of-way, including measures to be taken to preserve the safe and free flow of traffic, structural integrity of the highway, and ease of maintenance.</p> <p>6.2 <u>Location and Alignment</u></p> <p>6.2.1 Pipeline crossings of the highway should be located at right angles to the center line unless practicality and economics warrant and dictate angles of crossing of less than ninety degrees (90°).</p>			

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- 6.2.2. Unsuitable pipeline crossings - such as in deep cuts, near bridge or retaining wall footings, across intersections at grade, or near cross-drains - should be voided
- 6.2.3. Longitudinal installations should be located generally parallel to and as near the right-of-way line as is practicable so as to minimize interference with drainage and to preserve the integrity of the pavement, shoulders, and slopes, and to promote safety for the traveling public.
- 6.2.4. Plastic (or vinyl) type pipe used for the mains and service connections of water distribution systems shall be taped or wrapped with a single strand of No 12 plastic coated wire to serve as a means of locating the lines in the future by means of electrical devices.
- 6.3. Encasement for Carrier Pipe Protection: The County's responsibility pertains primarily to the safety and convenience of the traveling public. The Utility is responsible for the quality and safety of the installation, including non-encased construction, when permitted. The following provisions shall govern:
- 6 3 1. Encased Pipe for Road Crossings
- (1) Encasement is recommended for all pipe installations across paved or hard-surfaced roads, where feasible, as a means of avoiding open trench construction and as a protection of carrier pipe from external loads or shocks
  - (2) All coated carrier pipes are to be encased.
  - (3) All lines carrying liquids shall be encased.
  - (4) Lines with less than minimum bury, near footings of bridges and structures, across unstable or subsiding ground, or near other hazards must be encased. All encasements shall be of such design as will support the loads to which they are subjected and shall be of such materials as will be durable under conditions to which they may be exposed.

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(5) Encasement pipes shall be of sufficient thickness as to withstand both external and internal pressures, with minimums as follows

4 through 10 inches..0.083 to 0.164 inches wall thickness  
12 through 18 inches..0.104 to 0.188 inches wall thickness  
24 through 36 inches..0.164 to 0.250 inches wall thickness

(6) Encasement pipes should extend seven feet (7') from the normal shoulder line of the roadway or a minimum of five feet (5') from the toe of the embankment slope. In curb and gutter sections, the encasements shall extend at least to the back of the curbs.

(7) Encasements shall be sealed at the ends to prevent debris, soil, and moisture from entering the space between the carrier pipe and the casing.

6.3.2. Unencased Pipeline Crossings Under certain conditions, proposed pipeline crossings may be installed, or existing installations may remain in place, without encasement. ~~The following conditions shall govern in such instances~~

- (1) The carrier pipe should conform to the material design requirements of the utility facility and to all governmental codes, specifications, and regulations.
- (2) Carrier pipes shall provide for a higher factor of safety than would normally be required outside of the highway area.
- (3) Existing unencased lines may remain in place without further protection if they were installed at such depth that will not conflict with future highway construction and maintenance and provided that both the County and the Utility are satisfied that the lines are structurally sound
- (4) In the event it is necessary to replace unencased lines under the roadway, new lines will be installed, since the cutting of the pavement and base will not be permitted.

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(5) When encasement under a road crossing is not provided or when an existing installation is to remain in place with encasement, the Utility shall furnish the County with a Certificate as set out below

CERTIFICATE OF \_\_\_\_\_ UTILITY COMPANY FOR THE  
UNENCASED PIPELINE CROSSING

PROJECT NO. \_\_\_\_\_  
NAME OF ROAD \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
STATION NO. \_\_\_\_\_

We \_\_\_\_\_ do hereby certify that the  
(Applicant)

line at the location noted above carrying \_\_\_\_\_  
(gas, oil, or fuels)  
shown in this application will not need encasement and that the  
operating pressure will be \_\_\_\_\_ pounds per square inch.  
This line will be regularly inspected and adequately maintained.  
Extra yield strength pipe (will be or was) used in this installation  
as shown on the sketch or plans for this pipe crossing.  
Adequate cover for the pipe is provided

Certified Correct \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_, 19 \_\_\_\_\_

6.4. Depth of Bury The depth of bury established for these pipeline installations should take into consideration a potential increase in ditch depth, resulting from scour, ditch maintenance operations, or the need to increase the capacity of the ditch. Minimum depths are set out below:

- (1) Transmission pipelines shall be three (3) feet or more below the surface of normal ground outside of cut, ditch or fill slope areas. Distribution mains may be placed two (2) feet below normal ground line in open or rocky terrain, outside of cut, ditch or fill slope areas.
- (2) Lines installed in cut ditches on fairly steep grades shall be a minimum of three (3) feet below ditch bottom.

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(3) The depth of bury below the proposed pavement or riding surface or the road shall be a minimum of four (4) feet.

(4) Bury of pipelines carrying transmittants which are flammable, corrosive, explosive, energized, or unstable, particularly if the transmittants are carried at high pressure, must not be reduced below safety requirements recommended by the utility industry involved.

6.5. Backfill and Resodding of Disturbed Construction Areas.

6.5.1. All trenches or disturbed areas of construction shall be backfilled and thoroughly tamped in lifts not to exceed six inches (6 ) to prevent erosion.

6.5.2 Disturbed areas of construction will be dressed and resodded to restore the area to original condition of natural growth.

6.6. Appurtenances Pipeline installation appurtenances such as vents, drains, markers, manholes, and shutoff valves must comply with governing specifications, regulations, and codes of the particular utility industry involved. The additional following provisions must be adhered to.

(1) The Utility shall place readily identifiable markers at the right-of-way line where it is crossed by pipelines carrying transmittants under pressure

(2) All appurtenances shall be located and constructed in such manner so as not to interfere with the proper maintenance of highway facility.

(3) No appurtenances shall be placed within the pavement area or on the shoulders of the highway. Exceptions may be made on streets in urban areas where manholes, as essential parts of existing lines, are permitted to remain in place.

7. MISCELLANEOUS

7.1 Cleaning Up Construction Site The Utility shall remove all temporary construction, rubbish, trash, surplus materials, and equipment within the right-of-way area and shall restore such area to a satisfactory condition

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7.2. Restoration and Maintenance of Various Elements of the Highway Facility

- (1) Where the County permits the installation of Utility facilities by the open trench method across a dirt or gravel surfaced State Aid road prior to construction of the base and pavement structure, the embankment, surface and sodding must be repaired and/or replaced to a condition satisfactory to the County Engineer.
- (2) The Utility will maintain the highway facility for such length of time as is set out in the Utility Permit.

7.3. Compliance with Utility Industry Codes and Specifications The specifications and standards set out in the Policy are recommended minimums. Utility industry standards and specifications which are higher than those set out herein shall govern in all cases.

7.4. Scenic Enhancement The type and size of Utility facilities and the manner and extent to which they are permitted along or within highway rights-of-way can materially alter the scenic quality, appearance and view of highway roadsides and adjacent areas. For these reasons additional controls are applicable in certain areas include scenic strips, overlooks, rest areas, recreation areas, the rights-of-way of sections of highways which pass through public parks and historic sites

New underground utility installations may be permitted within such lands where they do not require extensive removal or alteration of trees or other natural features visible to the highway user or do not impair the visual quality of the lands being traversed.

New aerial installations should be avoided at such locations where there is a feasible and prudent alternative to the use of such lands by the aerial facility. Where this is not the case, they should be considered only where

- (1) Other locations are unusually difficult and unreasonably costly, or are more undesirable from the standpoint of visual quality

DIVISION OF STATE AID ROAD CONSTRUCTION STANDARD OPERATING PROCEDURES		S.O.P. NO. SAD II-2-8 Page 20 of 20	
SUBJECT: ACCOMMODATION OF UTILITIES ON RIGHTS-OF-WAY			DISTRIBUTION
EFFECTIVE	ISSUED	SUPERSEDES	APPROVED
January 1, 1983	INITIAL	Page of S.O.P. NO. EFFECTIVE	<i>Wilbur P. Stovner</i> STATE AID ENGINEER
<p>(2) <u>Undergrounding is not technically feasible or is unreasonably costly, and</u></p> <p>(3) <u>The proposed installation can be made at a location and will employ suitable designs and materials which give adequate attention to the visual qualities of the area being traversed.</u></p> <p>These controls should also be followed in the location and design of utility installations that are needed for a highway purpose, such as continuous highway lighting, or to serve a weigh station, rest or recreational area.</p>			
648			

NO \_\_\_\_\_

**IN THE MATTER OF AUTHORIZING TRAVEL**

---

There came on this day for consideration the matter of authorizing travel

It appears to this Board that Amy G Berry, Chancery Clerk, is requesting authority to travel to Oktibbeha County, Mississippi to the Mississippi State University campus in Starkville on Tuesday, October 16, 2012 to attend the Attorney General's office Domestic Violence Training

After motion by R B Davis and second by Lynn Horton, this Board doth vote unanimously to authorize Amy G Berry to travel to Starkville, Mississippi to the Mississippi State University campus to attend the Attorney General's Domestic Violence Training Class to be held on October 16, 2012

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President



NO \_\_\_\_\_

**IN THE MATTER OF AUTHORIZING TRAVEL**

---

There came on this day for consideration the matter of authorizing travel

It appears to this Board as attached hereto as Exhibit "A" other county officials or department heads are requesting authority to travel to various locations

After motion by Shelton Deanes and second by R B Davis, this Board doth vote unanimously to authorize travel as outlined in Exhibit "A" attached hereto

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

**Authorize Travel for the Following**

- Chancery Clerk, Amy Berry, to attend Domestic Violence Training Oct 17th at MSU
- County Veterans Affairs Officer, Charles Tolliver, Oct 10<sup>th</sup> - Oct 12<sup>th</sup> in Flowood, MS
- Sherman Ivy to Attend Ms Constable Board Meeting in Grenada, MS Friday, October 26
- Chancery Clerk, Angela Turner-Lairy, Tom Storey, and Debra Myers to attend My Kids Training with Youth Court 10/9 and 10/10 in Jackson, MS dealing with Youth Court



Domestic Violence Division  
Court Clerk Training  
October 16 (1pm-5pm) & 17 (8am-12pm), 2012

The training is designed for ANY court clerk or deputy clerk who will have duties related to the entry of domestic abuse protection orders and/or criminal dispositions into the MS POR System who has not previously attended training conducted by the MS Attorney General's Office and received a username and password for the system

This includes clerks and deputy clerks in the MUNICIPAL, JUSTICE, COUNTY, CHANCERY and CIRCUIT courts

Those who have previously received training and received their username and password are welcome to attend based upon space available. The location for the training will be the county extension office in the District where your court is located. The training will be a live webcast, allowing for interaction and full participation by attendees. All who wish to attend the training MUST complete and mail the attached registration form and confidentiality statement prior to being registered.

### AGENDA TOPICS

- 1 Domestic Abuse Protection Order Registry
  - a Protection Order Process Refresher
  - b Purpose of Registry
  - c Means of Accessing the Registry
  - d Court Clerk's role in searching records and entering orders into the Registry
  
- 2 Uniform Offense Report
  - a Purpose of Offense Report
  - b Means of Accessing the Offense Report Database
  - c Court Clerk's role in searching records and entering information into an offense report

**Court Clerk Training Registration Form**

I will attend (please circle one session and the location you plan to attend)

**Tuesday, October 16, 2012 (1 pm-5pm)    Wednesday, October 17, 2012 (8am-12pm)**

Panola County Extension Office  
Washington County Extension Office  
Lee County Extension Office –Verona  
▶ Oktibbeha County –MS State  
Lauderdale County Extension  
Jones County Extension Office  
Harrison County Extension Office  
Hinds County Extension Office  
Lincoln County Extension Office

Panola County Extension Office  
Washington County Extension Office  
Lee County Extension Office –Verona  
▶ Oktibbeha County –MS State  
Lauderdale County Extension  
Jones County Extension Office  
Harrison County Extension Office  
Hinds County Extension Office  
Lincoln County Extension Office

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**County** \_\_\_\_\_ **Court** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Signature** \_\_\_\_\_

Please *mail* this form along with a completed confidentiality statement to

**Attorney General's Office  
Domestic Violence Division  
P O Box 220  
Jackson, MS 39205**

**No later than October 5, 2012** Upon receipt of the registration form and the signed confidentiality statement, we will send you a personalized username and password as well as a training manual and training site address **Please keep your username and password confidential as it is *not* to be shared**

**OFFICE OF THE ATTORNEY GENERAL  
DOMESTIC ABUSE PROTECTION ORDER REGISTRY**

**STATEMENT CONCERNING CONFIDENTIALITY  
OF COURT INFORMATION**

I, \_\_\_\_\_, understand that I am employed in a position of trust and confidence with \_\_\_\_\_ by virtue of my access to court records, records containing identifying information regarding victims of domestic abuse, and other confidential or privileged information contained in the Domestic Abuse Protection Order Registry maintained by the MS Attorney General's Office. I hereby pledge that I will use my best efforts and greatest diligence to protect and maintain the security of these records and other confidential or privileged information of the Court.

I will not, either during the course of my employment or thereafter, directly or indirectly, use, make copies or notes of, or disclose to others for my own benefit or the benefit of another any court records, records containing identifying information regarding victims of domestic abuse, or other confidential or privileged information, regardless of how that information is acquired, learned, or attained, unless that disclosure is required in connection with my employment in accordance with federal or state laws, or pursuant to a court order.

I also agree to protect and keep confidential the user name and password that has been assigned to me by the Attorney General's Office providing access to the Mississippi Domestic Abuse Protection Order Registry, and I understand that disclosure of this information may violate the purposes and intents of state and federal law. I further agree that I will not knowingly permit any unauthorized person to have access to the Mississippi Domestic Abuse Protection Order Registry.

I acknowledge that if I breach the duties set forth herein, I will be subject to disciplinary action and may be subject to civil and criminal penalties.

Employee Name (Please Print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

# 1<sup>st</sup> SITE VISIT, RAMSEY GRANT

---

~~10/9/12~~

9 00 am 3 00 pm

Meeting called by Dr Laura Guy and Rachael Perrault, University of Mass Medical Center

---

9 00 am – 11 00 am	Treatment Site Visit (Rankin)	100 Court Cove, Pelahatchie, MS
1 00 pm – 3 00 pm	Treatment Site Visit (City of Pearl)	2424 Old Brandon Road, Pearl, MS
3 30 pm – 5 00 pm	Comparison Site Visit (Clay and Madison) Clay DYS Counselor and Court Administrators	1 <sup>st</sup> Floor Conference Room, 660 North Street, Jackson, MS
1 00 pm – 3 00 pm	Treatment Site Visit	Henley-Young Juvenile Justice Center 940 E McDowell Road, Jackson, MS

# 1<sup>ST</sup> SITE VISIT, RAMSKY GRANT

---

10/10/12

9 00 am – 12 00 pm

Meeting called by Dr Laura Guy and Rachael Perrault, University of Mass Medical Center

---

9 00 am – 12 00  
pm

Overview of Project of Judges, PDs,  
Prosecutors

100 Court Cove,  
Pelahatchie, MS

# State of Mississippi

STATE VETERANS CLAIMS DIVISION  
1600 East Woodrow Wilson Blvd Rm 116  
Jackson MS 39216  
Phone (601)364 7182  
Fax (601)364 7226



REPRESENTATIVES FOR  
AMERICAN EX PRISONERS OF WAR  
AMERICAN LEGION  
AMERICAN RED CROSS  
VETERANS OF FOREIGN WARS

## State Veterans Affairs Board

July 23, 2012

TO COUNTY SERVICE OFFICERS

REFERENCE, 2012 COUNTY VETERAN SERVICE OFFICER TRAINING

I am looking forward to seeing you at the County Veteran Service Officer School (CVSO) in 2012. The Mississippi Code 35-3-21 requires the County Veteran Service Officers to attend at least one of the schools provided by the State Veteran Affairs Board (SVAB) and successfully complete a written test before 2012 certification or re-certification can be provided. There are no restrictions on the number of training sessions a CVSO can attend. I strongly recommend that New County Veteran Service Officers attend all training sessions in 2012. I also encourage and welcome all assistants or volunteers who work with CVSO to attend the training. Each person who attends the training is required to register, pay the registration fee and to sign in each day.

### SCHEDULE of the 2012 CVSO Training

October 10-12, 2012 at the Table 100 Conference Center, 100 Ridge Way, Flowood, MS 39232

### INFORMATION ON THE UPCOMING TRAINING IN OCTOBER

The October 2012 County Veteran Service Officer School will be held at the Table 100 Conference Center located at 100 Ridge Way, Flowood, MS 39232. The session will begin at 12 noon Wednesday, October 10, 2012 and conclude Friday, October 12, 2012 at 12 noon. I have reserved a block of rooms for those who will need overnight accommodation. The Holiday Inn Express, 112 Ridge Way, Flowood, MS 39232, (601) 992-7773 is available at a cost of \$99 plus tax. The rate includes a complimentary hot breakfast each morning. You may also reserve a room at the Candlewood Suites, 3810 Flowood Drive, Flowood, MS 39232, (601) 326-3600 which is available at a cost of \$77 plus tax. These facilities are located within walking distance of the Table 100 Conference Center where our classes will be conducted.

Please make your reservations before September 18, 2012 to ensure that you receive the discounted rate for the hotel. When reserving your room, inform the hotel that you will be attending the Mississippi Veterans Affairs Training at the Table 100 Conference Center during your stay at the hotel.

If you have questions, please feel free to contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Betty Martin".

BETTY MARTIN  
CLAIMS DIVISION DIRECTOR

657



# State of Mississippi

STATE VETERANS CLAIMS DIVISION  
1600 East Woodrow Wilson Blvd Rm 116  
Jackson MS 39216  
Phone (601)364 7182  
Fax (601)364 7226



REPRESENTATIVES FOR  
AMERICAN EX PRISONERS OF WAR  
AMERICAN LEGION  
AMERICAN RED CROSS  
VETERANS OF FOREIGN WARS

## State Veterans Affairs Board

**County Service Officer School  
October 10-12, 2012**

**Table 100 Conference Center, 100 Ridge Way, Flowood, MS 39232**

### REGISTRATION FORM

(Please complete and return this form before October 1, 2012)

NAME (please print)

Charles H. Tolliver

ADDRESS

PO Box 1203 West Point, MS, 39773

COUNTY-CITY

Clay County, West Point, MS, 39773

**Registration** \$50 - (Make check payable to State Veterans Affairs Board)

**Time & Dates** The training will be conducted from Wednesday, October 10, 2012 (starting at 12 noon) until Friday, October 12, 2012 (ending at 12 noon)

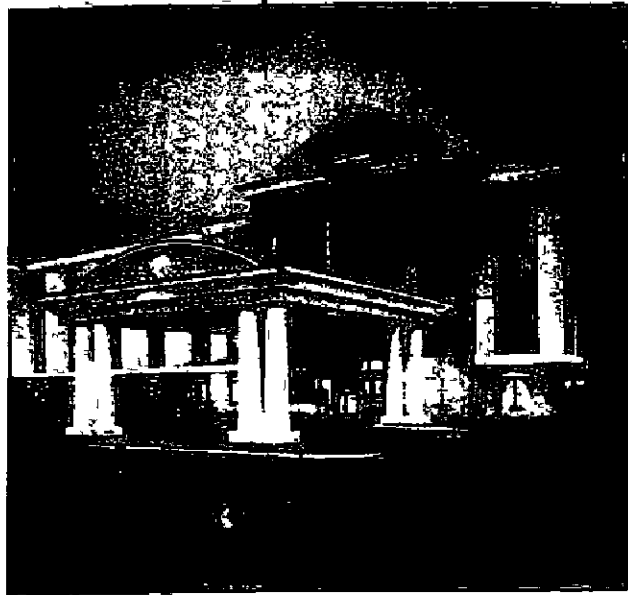
**Requirements** Every County Veteran Service Officer in Mississippi is required to attend annual training and complete testing approved by the Mississippi State Veterans Affairs Board VSO assistants and volunteers are welcome and recommended to attend Each person who attends the training will be required to complete a registration form, pay the registration fee, and sign in each day of attendance at the training

**RETURN THIS COMPLETED INFORMATION TO**

**STATE VETERANS AFFAIRS BOARD  
Attention-BETTY MARTIN  
1600 EAST WOODROW WILSON DRIVE ROOM 116  
JACKSON, MS 39216**



**Jackson-Flowood**

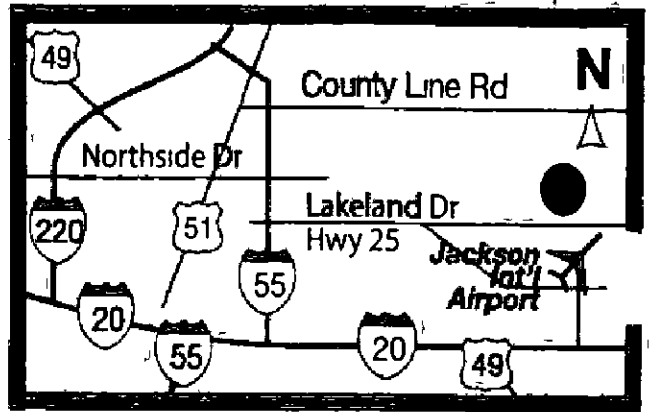


**YOU JUST MIGHT WAKE UP FEELING A LITTLE SMARTER FOR CHOOSING HOLIDAY INN EXPRESS®**

Our Free Express Start® Breakfast Bar serves what may be the world's best cinnamon roll, 100% Arabica bean Smart Roast® coffee, plus other breakfast favorites to get your morning off to a great start.

- The Simply Smart™ Guest Bathroom features our exclusive Stay Smart Showerhead by Kohler® to keep water pressure strong and steady. The shower is roomier, too, thanks to its curved rod. Add our specially formulated line of Simply Smart amenities to the mix and you'll be longing to stay an extra day or two.
- Smart Connect™ keeps you in touch with free high-speed Internet access in every guest room plus free local and toll-free calls.
- Priority Club® Points or Miles on every qualifying stay is your reward for being such a smart traveler.

For reservations, call 601-992-7773  
1-800-HOLIDAY or visit [www.hiexpress.com](http://www.hiexpress.com)



**DRIVING DIRECTIONS**

From I-55 North or South take Exit 98B. Proceed five miles east to hotel located on the left next to Lowe's®.  
From I-20 East or West take Exit 52 to Highway 475 North and continue to Lakeland Drive. At red light take a right onto Lakeland Drive and hotel is located 1/2 mile on the left next to Lowe's®.

**HOTEL FEATURES**

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- Business center
- Fitness center
- Outdoor pool
- Coffeemaker, hair dryer, iron with board, wet bar, microwave and refrigerator in all guest rooms
- Free USA Today® available in lobby
- Free local and 1-800 calls
- Meeting room
- Two room suites
- Walking distance to restaurants and shopping

Holiday Inn Express Hotel & Suites Jackson-Flowood  
112 Ridge Way Flowood MS 39232  
Phone 601-992-7773 Fax 601-992-7706

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Clay County, MS  
Travel Request Form

Date of Request 9-18-12

To the Board of Supervisors of Clay County, MS

Destination of Travel \_\_\_\_\_

Dates of Travel October 2012

Cost of Travel \_\_\_\_\_

Nature of Official Business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sherman Ivy  
Printed Name of Official/  
Requesting Authority to Travel

Sherman Ivy  
Official or Employee Requesting  
Authority to Travel

---

The above form must be completed and signed prior to travel. Additionally, it must be filed with the Clerk of the Board of Supervisors to be presented to the Board for authority to travel as per Section 25-3-41 of the *Mississippi Code 1972*. This form must be received prior to a Board meeting to be presented to the Board of Supervisors. **The Board meets as follows:** First Monday of the month, First Thursday following the First Monday, and The Fourth Thursday of the month.

It is your responsibility to make sure I received this form. If you leave the form and I am not here, please be sure to follow up with a phone call to confirm I received your request to present to the Board.

If you should have any questions, please do not hesitate to call me. Thanks!

Robbie Robinson  
Chancery Clerk

**Mississippi Constables Association**

**John H Heggins, Secretary / Treasurer**

197 Still Drive • Vicksburg, Mississippi 39180

Day (601) 634-6866 • Evening (601) 636-4527 • Cell (601) 218-6866 • Fax (601) 634-8770

---

**MCA Quarterly Board Meeting including  
State Legislative Committee**

September 1, 2012

Dear Fellow Constables,

We will be having our next quarterly board meeting at 9 00am on Friday October 26, 2012 at the Hampton Inn & Suites in Grenada, MS Constable Jerry Dale Bridges has reserved a block of rooms for Thursday October 25th at the rate of \$77 00 Please make your hotel arrangements directly by calling 662-226-1886 and referencing the MS Constables block Please call early to ensure the rate

Sincerely,

*John H Heggins*

Secretary / Treasurer

**Hampton Inn & Suites**

1545 Jameson Drive

Grenada, MS 38901

662-226-1886

662-226-6744 Fax

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

---

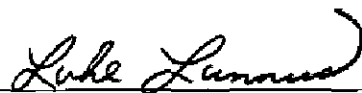
There came on this day for consideration the matter of transferring certain assets on the inventory records of Clay County, MS

It appears to this Board that the inventory item listed below is currently listed under the Lease Purchase Category for District 4 on the inventory records of Clay County and the said lease agreement was paid in full on 7/10/2012 to Hancock Bank and it appears the said equipment needs to be transferred to the Mobile Equipment Inventory for District 4. The inventory item is as follows:

D4110            Boom Mower            S/N# TB-4261

After motion by Shelton Deanes and seconded by Lynn Horton, this Board doth vote unanimously to transfer the said assets from District 4 Lease Purchase Category to the Mobile Equipment Category.

SO ORDERED this the 27th day of September, 2012



\_\_\_\_\_  
President

FALSPM  
Delete

LEASE PURCHASE FILE MAINTENANCE

14 37 12  
AMY  
Key # 55

Description BOOM MOWER

Location D4 SHED

Vendor VERONA TRACTOR INC Serial # TB-4261/MODEL# TRB-50C

Property # D4110 Project # Current Value 2760 00

\*Department # 304 DISTRICT 4 Objective # 89 LEASED PROPERTY

\*Acquisition L LEASE/PURCHASE \*Disposal

Ledger? Y (Y/N)

\*Asset Type MBE MOBILE EQUIPMEN Useful Life 5 Years

Salvage % 10 Salvage \$ 600 Cap Threshold 5000

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

Accumulated Depreciation 3240 00

Cap Value 6000 00 Date 7/10/2009

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 Lease Purchase Category for District 3 on the inventory records of Clay County and the said lease was paid in full to Trustmark Bank on 7/10/2012. Additionally, it appears this Board since the said lease is satisfied, the asset below needs to be transferred to the Mobile Equipment Inventory for District 3. The inventory item is as follows:

D3118            Tractor (New Holland)            S/N# HFD055323

After motion by R. B. Davis and seconded by Lynn Horton, this Board doth vote unanimously to transfer the said assets from District 3 Lease Purchase Category to District 3 Mobile Equipment Category.

SO ORDERED this the 27<sup>th</sup> day of September, 2012



\_\_\_\_\_  
President

FALSPM  
Delete

LEASE PURCHASE FILE MAINTENANCE

13 44 57  
AMY  
Key # 54

Description TRACTOR (NEW HOLLAND) 2009

Location D3 SHED

Vendor CHICKASAW EQUIPMENT COMPANY Serial # HFD055323/ MODEL# TD80D

Property # D3118 Project # Current Value 19235 50

\*Department # 303 DISTRICT 3 Objective # 89 LEASED PROPERTY

\*Acquisition L LEASE/PURCHASE \*Disposal

Ledger? Y (Y/N)

\*Asset Type MVHE MOTOR VEHICLE H Useful Life 10 Years

Salvage % 10 Salvage \$ 2635 Cap Threshold 5000

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

Accumulated Depreciation 7114 50

Cap Value 26350 00 Date 6/16/2009

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 Lease Purchase Category for District 4 on the inventory records of Clay County and the said lease was paid in full to Hancock Bank on 7/10/2012. Additionally, it appears this Board since the said lease is satisfied, the asset below needs to be transferred to the Mobile Equipment Category Inventory for District 4. The inventory item is as follows

D4111            Tractor (New Holland)            S/N# 097269B

After motion by Shelton Deanes and seconded by Lynn Horton, this Board doth vote unanimously to transfer the said assets from District 4 Lease Purchase Category to District 4 Mobile Equipment Category

SO ORDERED this the 27<sup>th</sup> day of September, 2012



\_\_\_\_\_  
President

FALSPM  
Delete

LEASE PURCHASE FILE MAINTENANCE

13 43 00  
AMY  
Key # 56

Description TRACTOR (NEW HOLLAND) 2009  
Location D4 SHED

Vendor VERONA TRACTOR INC Serial # 097269B/MODEL# TS110  
Property # D4111 Project # Current Value 19345 00  
\*Department # 304 DISTRICT 4 Objective # 89 LEASED PROPERTY  
\*Acquisition L LEASE/PURCHASE \*Disposal \_\_\_\_\_  
Ledger? Y (Y/N)  
\*Asset Type MVHE MOTOR VEHICLE H Useful Life 10 Years  
Salvage % 10 Salvage \$ 2650 Cap Threshold 5000  
GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)  
Accumulated Depreciation 7155 00  
Cap Value 26500 00 Date 7/10/2009

Remarks

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

**IN THE MATTER OF STRIKING CERTAIN ASSETS FROM THE INVENTORY  
CONTROL RECORDS OF CLAY COUNTY, MISSISSIPPI**

---

There came on this day for consideration the matter of striking certain fixed assets from the inventory control records of Clay County, Mississippi

It appears to this Board that the item listed below is no longer being used by the County and no longer functions properly so as to be useful to the County and therefore should be deleted off the County's fixed asset ledger

CH110	Sony Cassette Dual Recorder	S/N# 0506539
SA0501	Camera (Polaroid)	CR901578930001122

After motion by Lynn Horton and second by Floyd McKee this Board doth vote unanimously to strike the items listed above from the inventory control records of Clay County, Mississippi

SO ORDERED this the 27th day of September, 2012



President

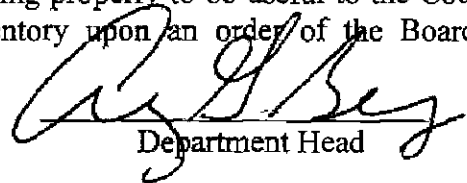
To Amy G Berry  
Inventory Control Clerk

From Amy G. Berry

Date 9/21/2012

Re Inventory Control # SA050 Camera (Polaroid)  
Description CR90157893000122  
S/N# \_\_\_\_\_

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 21<sup>st</sup> day of Sept., 2012

  
Inventory Clerk

9/20/2012  
FAOFEM  
Delete

FIXED ASSETS  
Other Furniture/Equipment File Maintenance

10 04 20  
GINGER  
Key # 2343

Description CAMERA (POLAROID)  
Location DURWOOD WARE  
Vendor WALMART Serial # CR901578930001122  
Property # SA050 Project # \_\_\_\_\_ Current Value 98 88  
\*Department # 112 SANITATION Objective # 87 OTHER FURNITURE  
\*Acquisition P PURCHASED \*Disposal \_\_\_\_\_  
Ledger? Y (Y/N)  
\*Asset Type OFE OTHER FURNITURE Useful Life 7 Years  
Salvage % 10 Salvage \$ 10 Cap Threshold 5000  
GASB Eligible? N (Y/N) Depreciate? N (Y/N)  
Accumulated Depreciation \_\_\_\_\_  
Cap Value 98 88 Date 10/10/2009  
Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

To Amy G Berry  
Inventory Control Clerk

From Amy G Berry

Date 9/6/12

Re Inventory Control # Sony cassette dual recorder  
Description C#110  
S/N# 0506539

---

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.

Amy G Berry  
Department Head

This is acknowledged receipt of the above inventory item on this the 6<sup>th</sup> day of Sept., 2012.

Amy G Berry  
Inventory Clerk

9/24/2012  
FAOFEM  
Delete

FIXED ASSETS  
Other Furniture/Equipment File Maintenance

11 16 19  
AMY  
Key # 40

Description SONY/COURT CONFER CORDER  
Location \_\_\_\_\_  
Vendor BESCO Serial # 0506539  
Property # CH110 Project # \_\_\_\_\_ Current Value 2105 95  
\*Department # 101 CHANCERY CLERK Objective # 87 OTHER FURNITURE  
\*Acquisition P PURCHASED \*Disposal \_\_\_\_\_  
Ledger? Y (Y/N)  
\*Asset Type OFF OTHER FURNITURE Useful Life 7 Years  
Salvage % 10 Salvage \$ 211 Cap Threshold 5000  
GASB Eligible? N (Y/N) Depreciate? N (Y/N)  
Accumulated Depreciation \_\_\_\_\_  
Cap Value 2105 95 Date 8/10/1994  
Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

672

NO \_\_\_\_\_

**IN THE MATTER OF AUTHORIZING THE CLAY COUNTY  
JUSTICE COURT DRUG COURT TO INSTALL A SECOND TELEPHONE LINE  
AND PURCHASE A TELEPHONE**

---

There came on this day for consideration the matter of authorizing the Clay County Justice Court Justice Court to install a second telephone line and purchase a telephone

It appears to this Board that as attached hereto as Exhibit "A" the Clay County Justice Court Drug Court is in need of installing another telephone line and purchasing another telephone for their office and is requesting this Board's approval to install said line and to purchase said telephone. It further appears to this Board that the Clay County Justice Court Drug Court is funded through a grant funded through the Administrative Office of the Court and as long as there are sufficient grant funds to provide and fund the said telephone and additional line, this Board is will authorize the said purchase

After motion by R B Davis and second by Lynn Horton, this Board doth vote unanimously to authorize the Clay County Justice Court Drug Court to install a second telephone line and to purchase an additional telephone as long as there are sufficient funds in the grant to pay for the said expense

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President



**PURCHASE REQUISITION**

CLAY COUNTY PURCHASING

P O Box 815 County Courthouse

West Point, MS 39773

662-494-3313

Requisition 09835

Related Purchase Order No \_\_\_\_\_

*Clay Co Justice Court*  
 County Department or Office

*September 26, 2012*  
 Date

Budget to be Charged

*Drug Court*

Date Needed \_\_\_\_\_

Delivery to \_\_\_\_\_

Quantity Requested	Description of Items Requested	(For Purchase Clerk s Use Only)
	<i>Need Another Phone and phone line</i>	

WHITTINGTON OFFICE PRODUCTS TUPELO MS 38801

Approved *Harriett Bragg*  
 Authorized Signature

WHITE - CLERK BOARD OF SUPERVISORS    YELLOW PURCHASE CLERK    PINK REQUISITION DEPARTMENT

NO \_\_\_\_\_

**IN THE MATTER OF AUTHORIZING PAYMENT OF CLAIMS TO BE PAID  
BY THE TOMBIGBEE RIVER VALLEY WATER MANAGEMENT  
DISTRICT FROM THE NORTHEAST MISSISSIPPI TRUST FUND**


---

There came on this day for consideration the matter of authorizing payment of claims to be paid by the Tombigbee River Valley Water Management District from the Northeast Mississippi Trust Fund

It appears to this Board as attached hereto as Exhibit "A" three (3) claims have been presented for payment from the Tombigbee River Valley Water Management District's Northeast Mississippi Trust Fund for the development of the mega site and for the purpose of making preliminary engineering studies, environmental studies, site land surveys and the creation of marketing media for the development of an industrial park in order to cite a major industrial facility which would create industrial jobs and restore the county tax base

After motion by R B Davis and second by Floyd McKee, this Board doth vote unanimously to authorize payment on the claims as attached hereto as Exhibit "A" to be paid from the Northeast Mississippi Development Trust Fund and for the Tombigbee River Valley Water Management District to be directed to issue payment for said claims

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President



**MARKETING ALLIANCE**

1818 Crane Ridge Drive Suite 100  
Jackson MS 39216

**Invoice**

Columbus Lowndes Development LINK  
Brenda Lathan  
P O Box 1328  
Columbus MS 39703

Date	Invoice #
8/31/2012	17830

P O No	Terms	Ship Date
	Net 30	8/31/2012

Item	Description	Time	Date	Amount
3D Production	<p>Clay County 3D Sales Presentation Time-to-date for the month of August 2012</p> <p>Includes development of concept preliminary script revised script music auditions pulling elements together for Map Room modeling and lighting map room scene ground plane materials for Campus scene refining of campus buildings plan breaking up some of the industrial elements for placement building and massing the structures sky walks parapets roof lines walking trails production management and client coordination</p> <p>152.5 hours</p> <p>LINK approval <u>PL</u> Executive approval _____</p> <p>Please remit payment to Marketing Alliance Inc 207 Cross Street Suite 105 Punta Gorda Florida 33950</p>			16 775 00
Thank you for your business If you have any questions please call 601 713 0045			<b>Total</b>	\$16 775 00



**MARKETING ALLIANCE**

1818 Crane Ridge Drive Suite 100  
Jackson MS 39216

**Invoice**

Columbus Lowndes Development LINK  
Ron Maloney  
P O Box 1328  
Columbus MS 39703

Date	Invoice #
9/24/2012	17886

P O No	Terms	Ship Date
	Net 30	9/24/2012

Item	Description	Time	Date	Amount
Presentation	<p>Clay County 3D Sales Presentation Time to-date for the month of September 2012</p> <p>Includes finalizing the script voice over royalty free music 3D modeling - low level and high level landscaping props mapping special effects editing production management and client coordination</p> <p>151 39 hours</p> <p>Status 85% complete</p>			16 653 00

Please remit payment to  
Marketing Alliance Inc  
207 Cross Street Suite 105  
Punta Gorda Florida 33950

Thank you for your business If you have any questions please call 601 713 0045	<b>Total</b>	\$16,653 00
---	--------------	-------------

**MARKETING ALLIANCE**1818 Crane Ridge Drive Suite 100  
Jackson MS 39216**Invoice**Columbus Lowndes Development LINK  
Ron Maloney  
P O Box 1328  
Columbus MS 39703

Date	Invoice #
9/24/2012	17887

P O No	Terms	Ship Date
	Net 30	9/24/2012

Item	Description	Time	Date	Amount
Presentation	<p>Clay County 3D Sales Presentation - Korean Translation Time to date for the month of September 2012 through completion</p> <p>Includes Korean language version of the Clay County Powersite movie including script translation voice over production video editing adjustments and production of final movie files</p> <p>Please remit payment to Marketing Alliance Inc 207 Cross Street Suite 105 Punta Gorda Florida 33950</p>			2 000 00
<p>Thank you for your business If you have any questions please call 601 713 0045</p>			<b>Total</b>	\$2 000 00

CALVERT-SPRADLING ENGINEERS INC  
P O DRAWER 1078  
WEST POINT MS 39773

July 18, 2012

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

CSE# 212079

Mega Site Survey & Environmental  
Northeast MS Area Development Trust

		<u>THIS</u> <u>PERIOD</u>	<u>TOTAL TO</u> <u>DATE</u>	<u>BUDGET</u>
Jay Johnson	Cultural Resources Survey	6 348 06	6,348 06	24 149 00
Burns Cooley Dennis	Geotechnical Investigation			18,778 00
Headwaters Inc	Phase I ESA	6 436 21	6,436 21	20,250 00
TVA	Virtual Site & Marketing			40 000 00
Calvert-Spradling Engineers Inc	Boundary Survey	15 000 00	15,000 00	15,000 00
Calvert-Spradling Engineers Inc	Engineering & Site Mapping	24,602 50	24,602 50	31,823 00
	<b>TOTALS</b>	<b>\$ 52,386 77</b>	<b>\$ 52 386 77</b>	<b>\$ 150,000 00</b>

Calvert Spradling Engineers Inc  
P O Drawer 1078  
West Point MS 39773  
662-494-7101

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

Invoice number 4352  
Date 07/17/2012

Project 212 079 CCBS - MEGA SITE, SURVEY, &  
ENVIRONMENTAL

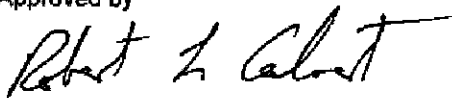
SURVEY

Labor	Northeast MS Area Development Trus			
	Date	Hours	Rate	Billed Amount
Justin M Brasher				
120 HOURLY SURVEY 2-MAN				
	06/11/2012	8 00	60 00	480 00
	06/12/2012	5 50	60 00	330 00
	06/13/2012	9 50	60 00	570 00
	06/20/2012	7 00	60 00	420 00
	06/21/2012	9 50	60 00	570 00
	06/22/2012	8 00	60 00	480 00
140 - HOURLY SURVEY 4-MAN				
	06/15/2012	6 00	45 00	270 00
Matthew W Brown				
130 - HOURLY SURVEY 3-MAN				
	06/11/2012	8 50	50 00	425 00
	06/12/2012	9 50	50 00	475 00
	06/13/2012	9 50	50 00	475 00
	06/21/2012	9 50	50 00	475 00
140 - HOURLY SURVEY 4-MAN				
	06/15/2012	6 00	45 00	270 00
Preston P Sullivan				
170 - COMPUTER DESIGN				
	06/18/2012	4 00	50 00	200 00
	06/19/2012	7 00	50 00	350 00
	06/20/2012	4 00	50 00	200 00
	06/21/2012	6 00	50 00	300 00
Robert C Hollingsworth				
130 - HOURLY SURVEY 3-MAN				
	06/11/2012	8 50	50 00	425 00
	06/12/2012	9 50	50 00	475 00
	06/13/2012	9 50	50 00	475 00
	06/21/2012	9 50	50 00	475 00
140 - HOURLY SURVEY 4-MAN				
	06/15/2012	6 00	50 00	300 00
Robert Calvert Jr				
170 - COMPUTER DESIGN				
	06/07/2012	4 00	60 00	240 00

Labor

	Date	Hours	Rate	Billed Amount
Robert Calvert Jr				
170 - COMPUTER DESIGN				
	06/18/2012	4 00	60 00	240 00
	06/20/2012	0 50	60 00	30 00
	06/22/2012	1 00	60 00	60 00
	06/27/2012	2 00	60 00	120 00
Robert L. Calvert				
260 - HOURLY ENGINEER				
	06/21/2012	4 00	150 00	600 00
Rusty Bowman				
120 - HOURLY SURVEY 2-MAN				
	06/11/2012	8 00	60 00	480 00
	06/12/2012	5 50	60 00	330 00
	06/13/2012	9 50	60 00	570 00
	06/20/2012	7 00	60 00	420 00
	06/21/2012	9 50	60 00	570 00
	06/22/2012	8 00	60 00	480 00
142 - SURVEY CREW CHIEF				
	06/12/2012	4 00	75 00	300 00
William K. Hollis				
130 - HOURLY SURVEY 3-MAN				
	06/11/2012	8 50	50 00	425 00
	06/12/2012	9 50	50 00	475 00
	06/13/2012	9 50	50 00	475 00
	06/21/2012	9 50	50 00	475 00
140 - HOURLY SURVEY 4-MAN				
	06/15/2012	6 00	45 00	270 00
	Labor subtotal	270 50		15,000 00
			Invoice total	15,000 00

Approved by



Robert L. Calvert

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Calvert-Spradling Engineers Inc  
P O Drawer 1078  
West Point MS 39773  
662-494-7101

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

Invoice number 4353  
Date 07/17/2012

Project 212-079 CCBS - MEGA SITE, SURVEY, &  
ENVIRONMENTAL

ENGINEERING & SITE MAPPING

Labor	Northeast MS Area Development Trust			
	Date	Hours	Rate	Billed Amount
Chyi-Hong Lin 312 - PROJECT ENGINEER	02/10/2012	1 00	110 00	110 00
Janet W Robertson 210 - CLERICAL	07/16/2012	1 00	50 00	50 00
Jennifer Harper 210 - CLERICAL	01/23/2012	0 50	35 00	17 50
	01/24/2012	0 25	35 00	8 75
	01/27/2012	0 75	35 00	26 25
Matthew T Forrester 315 ENGINEERING	02/10/2012	6 75	80 00	540 00
	02/14/2012	1 25	80 00	100 00
Mindy W Ferguson 210 - CLERICAL	04/30/2012	1 50	45 00	67 50
Pamela W Brown 210 - CLERICAL	01/23/2012	0 50	45 00	22 50
	01/30/2012	2 25	45 00	101 25
Preston P Sullivan 170 - COMPUTER DESIGN	06/22/2012	5 50	50 00	275 00
	06/25/2012	4 00	50 00	200 00
	06/26/2012	6 00	50 00	300 00
	06/27/2012	6 00	50 00	300 00
	06/28/2012	9 00	50 00	450 00
	06/29/2012	2 00	50 00	100 00
Robert Calvert Jr 170 COMPUTER DESIGN	01/23/2012	6 00	60 00	360 00
	01/24/2012	8 00	60 00	480 00
	01/25/2012	1 00	60 00	60 00

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Labor

	Date	Hours	Rate	Billed Amount
Robert Calvert Jr				
170 - COMPUTER DESIGN				
	01/26/2012	6 00	60 00	360 00
	01/27/2012	8 00	60 00	480 00
	01/30/2012	6 00	60 00	360 00
	02/06/2012	6 00	60 00	360 00
	02/07/2012	7 00	60 00	420 00
	02/08/2012	8 00	60 00	480 00
	02/09/2012	8 00	60 00	480 00
	02/10/2012	7 75	60 00	465 00
	02/13/2012	7 00	60 00	420 00
	02/14/2012	8 00	60 00	480 00
	02/15/2012	6 00	60 00	360 00
	02/16/2012	2 00	60 00	120 00
	02/17/2012	1 00	60 00	60 00
	02/20/2012	8 00	60 00	480 00
	02/21/2012	8 00	60 00	480 00
	05/08/2012	4 00	60 00	240 00
	05/09/2012	4 50	60 00	270 00
	05/10/2012	8 00	60 00	480 00
	05/11/2012	6 50	60 00	390 00
	05/14/2012	5 50	60 00	330 00
	06/18/2012	4 00	60 00	240 00
	06/19/2012	4 00	60 00	240 00
	06/21/2012	4 00	60 00	240 00
	06/22/2012	2 00	60 00	120 00
	06/25/2012	1 00	60 00	60 00
	06/26/2012	3 50	60 00	210 00
	06/27/2012	2 00	60 00	120 00
Robert L Calvert				
260 - HOURLY ENGINEER				
	01/23/2012	7 00	150 00	1 050 00
	01/25/2012	7 00	150 00	1 050 00
	01/26/2012	7 00	150 00	1 050 00
	01/27/2012	7 00	150 00	1 050 00
	01/30/2012	3 00	150 00	450 00
	02/07/2012	4 00	150 00	600 00
	02/08/2012	6 00	150 00	900 00
	02/15/2012	2 00	150 00	300 00
	02/16/2012	2 00	150 00	300 00
	02/23/2012	1 00	150 00	150 00
	04/20/2012	3 00	150 00	450 00
	04/25/2012	4 00	150 00	600 00
	04/30/2012	1 00	150 00	150 00
	06/08/2012	3 00	150 00	450 00
Stanley J Spradling				
260 - HOURLY ENGINEER				

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Labor

	Date	Hours	Rate	Billed Amount
Stanley J Spradling 260 - HOURLY ENGINEER	02/27/2012	0 75	150 00	112 50
100 PRELIMINARY	01/23/2012	4 00	150 00	600 00
	01/24/2012	0 75	150 00	112 50
	01/25/2012	1 25	150 00	187 50
	01/26/2012	0 25	150 00	37 50
	01/30/2012	1 25	150 00	187 50
	02/08/2012	3 75	150 00	562 50
	02/10/2012	0 75	150 00	112 50
	02/13/2012	0 50	150 00	75 00
	02/14/2012	0 25	150 00	37 50
	02/15/2012	0 25	150 00	37 50
	02/16/2012	2 00	150 00	300 00
	03/12/2012	1 00	150 00	150 00
	03/19/2012	0 25	150 00	37 50
	03/30/2012	0 75	150 00	112 50
	04/23/2012	0 50	150 00	75 00
	04/24/2012	0 25	150 00	37 50
	04/26/2012	0 25	150 00	37 50
	06/05/2012	0 50	150 00	75 00
	06/06/2012	0 25	150 00	37 50
	06/11/2012	0 25	150 00	37 50
	06/13/2012	3 75	150 00	562 50
	06/14/2012	0 25	150 00	37 50
	06/19/2012	0 50	150 00	75 00
	06/22/2012	0 25	150 00	37 50
Tommy H Davies 50 Blueprnt/Xerox	01/27/2012	0 75	35 00	26 25
William R Jeffnes 170 COMPUTER DESIGN	06/21/2012	0 75	50 00	37 50
	<b>Labor subtotal</b>	<b>292 00</b>		<b>24 602 50</b>
			<b>Invoice total</b>	<b>24 602 50</b>

Approved by



Robert L. Calvert

Calvert-Spradling Engineers Inc  
P O Drawer 1078  
West Point MS 39773  
662-494-7101

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

Invoice number 4354  
Date 07/17/2012

Project 212-079 CCBS MEGA SITE, SURVEY, &  
ENVIRONMENTAL

Phase I ESA

Consultant

Northeast MS Area Development Trust

Date	Units	Rate	Billed Amount
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401 - CONSULTANT FEES  
Headwaters Inc

07/03/2012			6 436 21
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Invoice total			6 436 21
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\*\*\*See Attached itemization. Please make payment to Calvert-Spradling Engineers, Inc

Approved by



Robert L. Calvert

635



# Headwaters, Inc

P O Box 820188  
Vicksburg MS 39182 0188  
Tel 601 634-0097 Fax 601 630-9778  
pamshy@headwaters inc com  
www headwaters inc com

# 2 0 -

## Invoice

**TO** Mr Robert Calvert  
Calvert-Spradling Inc  
PO Drawer 1078  
West Point MS 39773

**Invoice Date** Jul 3 2012  
**Invoice Num** 109974  
**Billing Through** Jun 30 2012

### Project Mega [2012-0444] - Managed by [JWD]

For professional services rendered on the above referenced project for the period ending June 30 2012

<u>Date</u>	<u>Employee</u>	<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
<b>Services.</b>					
6/11/2012	ATS	Phase I Environmental Site Assessment <i>Draft interagency coordination letters and mapping Ordered EDR reports</i>	2 00	\$70 00	\$140 00
6/25/2012	PGH	Wetland Delineation & Determination <i>Draft wetlands field assessment data and GPS coordinates Draft ArcGIS mapping</i>	3 50	\$70 00	\$245 00
6/29/2012	PGH	Wetland Delineation & Determination <i>Draft wetlands field assessment data and GPS coordinates Draft ArcGIS mapping</i>	4 00	\$70 00	\$280 00
		<b>Adm. Assistant</b>	<b>9 50</b>		<b>\$665 00</b>
6/11/2012	JSD	Phase I Environmental Site Assessment <i>Site visit to conduct the Phase I ESA field assessment</i>	8 00	\$80 00	\$640 00
6/13/2012	JSD	Phase I Environmental Site Assessment <i>Download Phase I ESA field data GPS coordinates and site photos</i>	1 00	\$80 00	\$80 00
		<b>Envr Project Manager</b>	<b>9 00</b>		<b>\$720 00</b>
6/27/2012	AMG	Wetland Delineation & Determination	10 00	\$80 00	\$800 00
		<b>Envr Technician</b>	<b>10 00</b>		<b>\$800 00</b>
6/26/2012	CDD	Wetland Delineation & Determination <i>Site visit and wetlands field delineation and mapping</i>	8 00	\$80 00	\$640 00
6/27/2012	CDD	Wetland Delineation & Determination <i>Site visit and wetlands field delineation and mapping</i>	10 00	\$80 00	\$800 00
6/28/2012	CDD	Wetland Delineation & Determination <i>Draft wetlands field delineation data and GPS coordinates</i>	1 00	\$80 00	\$80 00
6/29/2012	CDD	Wetland Delineation & Determination	8 00	\$80 00	\$640 00



**Headwaters, Inc**

P O Box 820188  
Vicksburg MS 39182 0188  
Tel 601-634-0097 Fax 601-630 9778  
pamshy@headwaters-inc.com  
www.headwaters-inc.com

**Invoice**

**TO** Mr Robert Calvert  
Calvert-Spradling Inc  
PO Drawer 1078  
West Point MS 39773

**Invoice Date** Jul 3 2012  
**Invoice Num** 109974  
**Billing Through** Jun 30 2012

**Project Mega (2012-0444) - Managed by (JWD)**

For professional services rendered on the above referenced project for the period ending: June 30 2012

<u>Date</u>	<u>Employee</u>	<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
		<i>Site visit and wetlands field delineation and mapping</i>			
		<b>Forester</b>	<b>27 00</b>		<b>\$2 160 00</b>
6/8/2012	JWD	Wetland Delineation & Determination <i>Project coordination with staff Review site data</i>	1 50	\$100 00	\$150 00
6/11/2012	JWD	Phase I Environmental Site Assessment <i>Phase I ESA coordination</i>	1 50	\$100 00	\$150 00
6/13/2012	JWD	Wetland Delineation & Determination <i>Phase I ESA documentation</i>	1 50	\$100 00	\$150 00
6/15/2012	JWD	Wetland Delineation & Determination <i>Phase I coordination with agencies</i>	1 00	\$100 00	\$100 00
6/25/2012	JWD	Wetland Delineation & Determination <i>Phase I ESA documentation</i>	1 50	\$100 00	\$150 00
6/26/2012	JWD	Wetland Delineation & Determination <i>Review delineation information</i>	1 00	\$100 00	\$100 00
6/27/2012	JWD	Wetland Delineation & Determination <i>Wetland mapping Review field data</i>	1 50	\$100 00	\$150 00
6/29/2012	JWD	Wetland Delineation & Determination <i>Review field data</i>	1 00	\$100 00	\$100 00
		<b>Principal</b>	<b>10 50</b>		<b>\$1 050 00</b>
				<b>Total Service Amount:</b>	<b>\$5 395 00</b>

**Reimbursable Expenses.**

6/11/2012	JSD	Environmental Mileage	230 00	\$0 555	\$127 65
6/13/2012	PTS	EDR Basic Package Invoice	1 00	\$225 00	\$225 00
6/20/2012	PTS	Computer Search Quad Review MDWFP	1 00	\$45 00	\$45 00
6/26/2012	CDD	Environmental Mileage	109 00	\$0 555	\$60 50
6/26/2012	CDD	ATV Environmental	1 00	\$100 00	\$100 00
6/27/2012	CDD	Environmental Mileage	109 00	\$0 555	\$60 50
6/27/2012	CDD	ATV Environmental	1 00	\$100 00	\$100 00
6/27/2012	AMG	Environmental Mileage	292 00	\$0 555	\$162 06
6/29/2012	CDD	Environmental Mileage	109 00	\$0 555	\$60 50
6/29/2012	CDD	ATV Environmental	1 00	\$100 00	\$100 00

**Total Expenses** \$1 041.20  
**Amount Due This Invoice** \$6 436.21

*This invoice is due upon receipt*

687



**Headwaters, Inc.**

P O Box 820188  
Vicksburg MS 39182-0188  
Tel 601-634-0097 Fax: 601 630-9778  
pamshy@headwaters inc com  
www headwaters-inc com

---

**Invoice**

**TO:** Mr Robert Calvert  
Calvert-Spradling Inc  
PO Drawer 1078  
West Point MS 39773

**Invoice Date:** Jul3 2012  
**Invoice Num:** 109974  
**Billing Through:** Jun 30 2012

---

**Project Mega (2012-0444) - Managed by (JWD)**

For professional services rendered on the above referenced project for the period ending June 30 2012

---

<u>Date</u>	<u>Employee</u>	<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
-------------	-----------------	--------------------	--------------	-------------	---------------

For your convenience we accept Visa Mastercard and Discover cards Please contact our office with your credit card information.  
We appreciate your business

688

Calvert Spradling Engineers Inc  
P O Drawer 1078  
West Point MS 39773  
662-494-7101

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

Invoice number 4356  
Date 07/18/2012

Project 212-079 CCBS - MEGA SITE, SURVEY, &  
ENVIRONMENTAL

Northeast MS Area Development Trust

Cultural Resources Survey

Consultant

401 - CONSULTANT FEES  
Jay K Johnson

Date	Units	Rate	Billed Amount
07/18/2012			6 348 06
		Invoice total	6 348 06

\*\*\*See attached itemization Please make payment to Calvert-Spradling Engineers, Inc

Approved by:



Robert L. Calvert

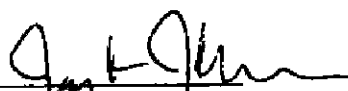


Statement for Professional Service, Cultural Resources Survey of the Mega Property, Clay County, Mississippi

Invoice 1

July 18, 2012

Records check	150 00
Crew, 16 person days @ \$150/day	2,400.00
Research Associate, 6 days @ \$250/day	1,500 00
Mileage, 1080 miles @ 0 55/mile	594 00
Field supplies	34 45
Subtotal	4,678 45
Overhead, 25% of \$4,678 45	1,169 61
Professional fee, 1 day @ \$500/day	<u>500 00</u>
Total	\$6,348 06

  
 Jay K. Johnson  
 908 Chickasaw Road  
 Oxford, MS 38655

690

NO \_\_\_\_\_

**IN THE MATTER OF COMPLETING THE ANNUAL TITLE VI  
CERTIFICATION OF NO CHANGE AFFIDAVIT FOR MS DEPARTMENT OF  
TRANSPORTATION**

---

There came on this day for consideration the matter of completing the annual Title VI Certification of No Change Affidavit for the MS Department of Transportation

It appears to this Board that the annual certification of Title VI activities as attached hereto as Exhibit "A" has been presented from the Mississippi Department of Transportation for the certification period July 1, 2011 through June 30, 2012 and at this time needs to be completed by the Board. It further appears that a Title VI Coordinator is needing to be designated to replace the former Title VI Coordinator, Harmon A. Robinson, the former Chancery Clerk.

After motion by R. B. Davis and second by Floyd McKee, this Board doth vote unanimously to order the Chancery Clerk to complete the Title VI certification for the Mississippi Department of Transportation and appoints Shelton Deanes to serve as the Title VI Coordinator for Clay County, Mississippi.

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President



Annual Title VI Certification of No-Change Affidavit

Certification Period July 1, 2011 thru June 30, 2012

omply with the requirements of 23 C F R 200 concerning Title VI of the Civil Rights Act of 1964 with regard to -recipients that receive federal financial assistance by the United States Department of Transportation each LPA must provide an annual certification of Title VI Activities

Updated documents reflecting any changes in the areas listed below should be included with this submission

By submission of this sworn affidavit, when properly signed and notarized, the herein named \_\_\_\_\_, (name of organization) states there have been no changes in the following

- The Title VI Plan or Nondiscrimination Agreement
- Appointed Title VI Coordinator
- Head of agency that originally executed Title VI Agreement
- Processing and Disposing of Title VI Complaints received directly by organization
- Organizational Structure and racial demographics of any transportation related boards councils or commissions

Signature Shelton Deanes

Name Shelton Deanes (print or type name)

Title Clay County MS Board of Supervisors, District 4

Date 9/27/12

On this the 27<sup>th</sup> day of September, appeared before me Shelton Deanes (Name), personally known to me who being duly sworn, did execute the foregoing affidavit, and did state that he or she was proper authorized by Clay County Board of Supervisors (name of organization) to execute the affidavit and did so as his or her free act and deed

(SEAL)  
Notary Public Carol Bery  
My Commission Expires \_\_\_\_\_

MISSISSIPPI DEPARTMENT OF TRANSPORTATION  
TITLE VI ASSESSMENT REPORT

July 1, 2011 – June 30, 2012 Organization, Staffing & Training

- 1 Has the Title VI representative or anyone from your organization participated in any form of training with specific reference to Title VI, Environmental Justice (EJ), Limited English Proficiency (LEP) or Americans with Disabilities Act (ADA) in the past year?  Yes  No If yes, describe and provide the date and location
- 2 Describe your organization's staffing structure including ethnicity and gender The agency's EEO-4 Report that is submitted to the Equal Employment Opportunity Commission will suffice

Complaints Requirements

- 1 List any Title VI complaints or concerns received from the public during the reporting period Include the basis for the complaint, ethnicity, and gender and summarize the resolution sought and the outcome

None

Public Involvement

- 1 What efforts have been made in the past year to notify the public of meetings, hearings, workshops special sessions, etc? (This does not pertain to regularly scheduled monthly Board Meetings)

Any special Hearing is advertised in the Daily Times Leader, local paper in display add

- 2 How have you ensured involvement by minorities and disabled persons when they have been impacted by projects?

By public notice

- 3 Were accommodations of translation services or special needs included in notices to the public this past year?  Yes  No

- 4 Has your organization received any request for information in an alternative format such as Braille Audio, or non-English in the past year?  Yes  No If yes please discuss

MISSISSIPPI DEPARTMENT OF TRANSPORTATION  
TITLE VI ASSESSMENT REPORT

- 5 Does your organization have a Limited English Proficiency (LEP) plan?  Yes  No
- 6 How does the organization ensure that persons whose primary language is not English have access to services?

- 7 Does your agency include minority media in all notification processes for public meetings?  
 Yes  No *If yes, provide the name and address of each*

*There are no local minority media in Clay County*

- 8 Where are public meetings held and are they held at times that are convenient for traditionally under-served populations?

*Clay County Court House*

- 9 Are there efforts made to engage dialogue with minority and low-income communities even when there is no specific planning product or process underway?  Yes  No

*If yes, please explain the process*

*We contact the minority community through NAACP who regularly attends our meeting*

- 10 How does your organization collect data when evaluating the potential social, economic and environmental effects of proposed plans and programs on a community?

*Through the Planning and Development District*

**American with Disabilities Act (ADA)**

*Public Entities with 50 or more employees are required by Title II of the American with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 to develop and implement an ADA Self Evaluation plan and Transition Plan*

- 1 Has your agency appointed an ADA/Section 504 Coordinator?  Yes  No *If yes, please provide name, title, race and sex of the individual*

*Same as last year*

- 2 Has your agency developed and posted an ADA Policy Statement?  Yes  No

- 3 Has your agency developed and posted an ADA Grievance Procedure?  Yes  No

MISSISSIPPI DEPARTMENT OF TRANSPORTATION  
TITLE VI ASSESSMENT REPORT

- 4 Are facilities and meeting areas fully accessible to persons with disabilities?  Yes  No
- 5 Has the organization conducted a self-evaluation?  Yes  No If yes, provide a copy of the self-evaluation plan
- 6 Based on the development of a self-evaluation plan, has the organization developed a Transition Plan?  Yes  No If yes, provide a copy of the Transitional Plan
- 7 In order for individuals with hearing limitations or speech disabilities to have access to program areas, does the organization have auxiliary aids such as TTD/TTY?  Yes  No If yes, identify the type of services  
*we have hearing impaired capabilities with 911*
- 8 How is the public informed that the organization has auxiliary aids such as TTD/TTY? Please provide documentation of how the public was informed

**Accomplishments and Goals**

- 1 Were there any significant accomplishments made during the reporting period? (July 1, 2011 to June 30, 2012) If so, provide a brief statement detailing the nature of each (examples training, complaint resolution, completion of Title VI plan or Transition plan)

*no complaints*

- 2 List any goals and objectives you may have for next year (July 1, 2012 to June 30, 2013) (examples complete ADA requirements, training, develop LEP plan)

PREPARED BY

*Greg B. Bery* *Chancery Clerk* *9/27/12*  
NAME TITLE DATE

NO \_\_\_\_\_

**IN THE MATTER OF APPOINTING NITA WYMAN TO  
SERVE AS THE CLAY COUNTY TRUSTEE FOR THE  
TOMBIGBEE REGIONAL LIBRARY**


---

There came on this day for consideration the matter of appointing Nita Wyman to serve as the Clay County Trustee for the Tombigbee Regional Library system

It appears to this Board that as attached hereto as Exhibit "A" that the Tombigbee Regional Library is requesting an appointment to be made to serve as the Trustee for Clay County on the Board of the Tombigbee Regional Library from October 1, 2012 through September 30, 2017. It further appears to this Board that Mrs. Wyman has served a five (5) year term and according to the *Mississippi Code of 1972*, can be appointed to serve another five (5) year term.

After motion by R. B. Davis and second by Shelton Deanes, this Board doth vote unanimously to reappoint Nita Wyman to serve as the Trustee for Clay County for the Tombigbee Regional Library beginning October 1, 2012 through September 30, 2017.

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

# Tombigbee Regional Library System

SERVING CLAY MONROE CHOCTAW & WEBSTER COUNTIES

338 COMMERCE • P.O. BOX 675  
WEST POINT, MISSISSIPPI 39773

662-494-4872 • 662-494-0300 Fax

MARY HELEN WAGGONER  
Director

Amory Municipal Library  
Amory MS 38821

September 21, 2012

Bryan Public Library  
West Point MS 39773

Mrs Amy Berry, Chancery Clerk  
P O Box 815  
West Point, MS 39773

Choctaw County Public Library  
Ackerman MS 39735

Evans Memorial Library  
Aberdeen MS 39730

Dear Mrs Berry,

Hamilton Public Library  
Hamilton MS 39746

The term of the Clay County trustee for the Tombigbee Regional Library System Nita Wyman will expire September 30, 2012 Ms Wyman has served a 5-year term and according to the Mississippi Code can be appointed for another five years

Mathiston Public Library  
Mathiston MS 39752

Nettleton Public Library  
Nettleton MS 38858

Ms Wyman has been a loyal and supportive patron and trustee of the TRL system with both our problems and successes She has been a valuable, positive member of the team during the state and federal budget cuts, and with other library issues and concerns We will need her guidance and experience in the coming years as we work with bringing better library service to Clay County and to the TRL system

Webster County Public Library  
Eupora MS 39744

Weir Public Library  
Weir MS 39722

Wren Public Library  
Aberdeen MS 39730

We ask that Ms Wyman be re-appointed to a second term to expire September 30, 2017 With your decision, will you send me a copy of your board minutes for our files Thank you for your continued support of the Bryan Public Library and the TRL system Please call me if I can be of any assistance

Sincerely,

  
Mary Helen Waggoner, Director



NO \_\_\_\_\_

**IN THE MATTER OF GOING INTO CLOSED SESSION**

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There came on this day for consideration the matter of going into closed session.

After motion by Floyd McKee and second by Lynn Horton, this Board doth vote unanimously to go into closed session

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

NO \_\_\_\_\_

**IN THE MATTER OF GOING FROM CLOSED SESSION  
INTO EXECUTIVE SESSION UNDER § 25-41-7(4)(a) OF  
THE MISSISSIPPI CODE OF 1972, AS AMENDED AND ANNOTATED**

---

There came on this day for consideration the matter of going from closed session into executive session pursuant to Section 25-41-7(4)(a) of the *Mississippi Code of 1972*, as amended and annotated

It appears to this Board that a personnel matter needs to be discussed by the Board and therefore should be discussed in executive session as allowed by the *Mississippi Code of 1972*, as amended and annotated

After motion by Lynn Horton and second by R B Davis, this Board doth vote unanimously to go into executive session

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

NO \_\_\_\_\_


**IN THE MATTER OF COMING OUT OF EXECUTIVE SESSION**

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There came on this day for consideration the matter of coming out of executive session

After motion by R B Davis and second by Shelton Deanes, this Board doth vote  
unanimously to come out of executive session

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

NO \_\_\_\_\_

**IN THE MATTER OF AMENDING THE SHERIFF'S DEPARTMENT  
BUDGET AND E-911 DEPARTMENT BUDGET**

---

There came on this day for consideration the matter of amending the Sheriff's Department budget and the E-911 Department budget

It appears to this Board that Eddie Scott, Sheriff, and Treva Hodge, E-911 Director, have requested this Board to amend the departmental budgets for the upcoming fiscal year 2013, beginning October 1, 2012 as outlined in the attached Exhibit "A" It further appears that said amendment has been requested in order to accommodate a personnel change made between the two departments

After motion by R B Davis and second by Floyd McKee, this Board doth vote unanimously to amend the Sheriff's Department budget and the E-911 Department budget, effective October 1, 2012 as outlined in the attached Exhibit "A" in order to accommodate a personnel change made between the two departments

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

# Request for Budget Amendments

## 2012-2013 Budget Year

### 911 Budget to transfer to Sheriff Budget

Dispatchers	097-230-431	\$29,344 80
Fica/Med Match	097-230-466	\$2,244 88
Retirement Match	097-230-465	\$4,184 57

### Sheriff Budget to transfer to 911 Budget

Office/Clerical	001-200-404	\$20,800 00
Fica/Med Match	001-200-466	\$1 591 20
Retirement Match	001-200-465	\$2,966 08

• Budget Amendment  
Eddie Scott

• Invoices

NO \_\_\_\_\_

**IN THE MATTER OF AMENDING THE RULES AND REGULATIONS  
FOR THE USE OF THE VOTING PRECINCTS OF CLAY COUNTY**


---

There came on this day for consideration the matter of amending the rules and regulations for the use of the voting precincts of Clay County, Mississippi

It appears to this Board as attached hereto as Exhibit "A" are the existing rules and regulations for the use of the voting precincts in Clay County, Mississippi. It further appears that District 1 and District 4 currently handle the collecting and refunding of said deposits for the rental of the voting precincts due to the inconvenience of their constituents having to come into town to pay for said rental deposit. It further appears to this Board that the \$50.00 rental fee is not sufficient to cover the utilities and administrative expenses incurred in the operations and rental of the said voting precincts.

After motion by Lynn Horton and second by R B Davis, this Board doth vote unanimously to increase the rental deposit to \$100.00, which must be tendered in order to use any voting precinct building and is to be deposited into the Voting Precinct Clearing Account with the said deposit being refunded after the building has been inspected for damages and cleanliness. Upon the use of the voting precinct, \$50.00 of the deposit will be refunded to the renter after the said inspection has been inspected and the building appears to be in good, clean condition and the remaining \$50.00 of the rental deposit will then be paid to the General Fund to offset the utility costs for the operation of the voting precinct.

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

**IN THE MATTER OF SETTING RULES AND REGULATIONS FOR THE USE OF THE  
VOTING PRECINCTS OF CLAY COUNTY MISSISSIPPI**

There came on this day for consideration the matter of setting rules and regulations for the use of the voting precincts of Clay County, Mississippi

It appears to this Board that a curfew should be set at 11 00 p m for any event taking place at a County voting precinct to be completed and for the individuals or groups responsible for cleaning the said precinct to be out by 12 00 a m. Further stipulations for the use and rental of the County voting precincts are as follows

- Precincts are only to be rented to residents of Clay County
- No alcoholic beverages are to be served at the voting precincts
- No smoking on the grounds of the precinct
- No loud music or noise that would bother the public and surrounding property owners
- Precinct must be cleaned after the time of use and all trash must be disposed of by the renter accordingly

Furthermore, it appears to this Board that a fifty dollar (\$50 00) cash deposit must be tendered to use any voting precinct building to be deposited into the Voting Precinct Clearing Account with said deposit being refunded after the building has been inspected for damages and cleanliness, however, the use of voting precincts in District 5 shall charge fifty dollars (\$50 00) with twenty-five (\$25 00) being refunded to the renter after said inspection has been completed. District's One (1) and four (4) Supervisors reserve the right to handle the collecting and refunding of the said deposit due to the inconvenience of their constituents having to come into town to pay for the said deposit

After motion by Lynn Horton and second by Shelton Deanes this Board doth vote unanimously to enforce all policies and curfews as outlined and stated herein the said order

SO ORDERED this the 8<sup>th</sup> day of March, 2012

Lake L...

715

President



**Clay County MS**  
**Check and Disbursement Register**  
**As of September 1, 2012 thru September 30, 2012**

CLM#	Vendor	Vendor Name	INV#	Account	Description	Amount	CK Date	CK #
7133	5219	LYRIAN NEELY	09/2012	097230476	MEALS & LODGING	\$183 68	9/6/2012	58171
7133	5219	LYRIAN NEELY	09/2012	097230477	PRIVATE VEHICLE TRAV	\$165 12	9/6/2012	58171
7134	7759	SCOTTY WHITE	09/2012	001166574	REFUND OF JUSTICE CT	\$979 50	9/7/2012	58172
7135	8109	STARKVILLE SCHOOL DISTRICT	09/2012	040219557	GED TESTING FOR INMA	\$375 00	9/7/2012	58173
7700	8118	STATE VETERANS AFFAIRS BOARD	09/2012	001154585	SEMINARS/REGISTRATIO	\$50 00	9/14/2012	58370
7701	999 010705	SHIRLEY COX	09/2012	001166576	REFUND-JUST CT FILIN	\$64 00	9/14/2012	58371
7702	5736	MS DEVELOPMENT AUTHORITY	09/2012HEN	138800800	PRIN RETIREMENT CAP	\$1,858 78	9/14/2012	58368
7702	5736	MS DEVELOPMENT AUTHORITY	09/2012HEN	138800802	INTEREST EXPENSE	\$1,442 15	9/14/2012	58368
7703	5663	MEGAN BLACK	09/2012	097230476	MEALS & LODGING	\$117 91	9/14/2012	58367
7704	7329	RANDLE AUTO SALES	09/2012	012219915	VEHICLES	\$5,600 00	9/14/2012	58369
7705	0004	PAYROLL CLEARING ACCOUNT	201209150002	001000110	PERSONNEL MAN/SYSTEM	\$873 36	9/15/2012	58372
7705	0004	PAYROLL CLEARING ACCOUNT	201209150002	001000110	SOC SEC MATCHING	\$65 79	9/15/2012	58372
7705	0004	PAYROLL CLEARING ACCOUNT	201209150002	001000110	STATE RET MATCHING	\$124 54	9/15/2012	58372
7706	0004	PAYROLL CLEARING ACCOUNT	201209150003	001000110	OFFICE CLERICAL	\$778 65	9/15/2012	58372
7706	0004	PAYROLL CLEARING ACCOUNT	201209150003	001000110	SOC SEC MATCHING	\$58 51	9/15/2012	58372
7706	0004	PAYROLL CLEARING ACCOUNT	201209150003	001000110	STATE RET MATCHING	\$111 04	9/15/2012	58372
7707	0004	PAYROLL CLEARING ACCOUNT	201209150004	001000110	DEPUTIES	\$1,902 46	9/15/2012	58372
7707	0004	PAYROLL CLEARING ACCOUNT	201209150004	001000110	SOC SEC MATCHING	\$145 55	9/15/2012	58372
7707	0004	PAYROLL CLEARING ACCOUNT	201209150004	001000110	STATE RET MATCHING	\$271 29	9/15/2012	58372
7708	0004	PAYROLL CLEARING ACCOUNT	201209150005	001000110	DEPUTIES	\$3,607 08	9/15/2012	58372
7708	0004	PAYROLL CLEARING ACCOUNT	201209150005	001000110	SOC SEC MATCHING	\$266 72	9/15/2012	58372
7708	0004	PAYROLL CLEARING ACCOUNT	201209150005	001000110	STATE RET MATCHING	\$514 37	9/15/2012	58372
7709	0004	PAYROLL CLEARING ACCOUNT	201209150006	001000110	PURCHASE CLERK SALAR	\$651 64	9/15/2012	58372
7709	0004	PAYROLL CLEARING ACCOUNT	201209150006	001000110	SOC SEC MATCHING	\$25 91	9/15/2012	58372
7709	0004	PAYROLL CLEARING ACCOUNT	201209150006	001000110	STATE RET MATCHING	\$92 92	9/15/2012	58372
7710	0004	PAYROLL CLEARING ACCOUNT	201209150007	001000110	RECEIVING CLERK	\$359 82	9/15/2012	58372
7710	0004	PAYROLL CLEARING ACCOUNT	201209150007	001000110	SOC SEC MATCHING	\$27 53	9/15/2012	58372
7710	0004	PAYROLL CLEARING ACCOUNT	201209150007	001000110	STATE RET MATCHING	\$51 31	9/15/2012	58372

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7711	0004	PAYROLL CLEARING ACCOUNT	201209150008	001000110	MAINTENANCE OVERTIME	\$165 31	9/15/2012	58372
7711	0004	PAYROLL CLEARING ACCOUNT	201209150008	001000110	MAINTENANCE SALARY	\$2 298 79	9/15/2012	58372
7711	0004	PAYROLL CLEARING ACCOUNT	201209150008	001000110	PART-TIME HELP	\$631 60	9/15/2012	58372
7711	0004	PAYROLL CLEARING ACCOUNT	201209150008	001000110	SOC SEC MATCHING	\$224 61	9/15/2012	58372
7711	0004	PAYROLL CLEARING ACCOUNT	201209150008	001000110	STATE RET MATCHING	\$351 38	9/15/2012	58372
7712	0004	PAYROLL CLEARING ACCOUNT	201209150009	001000110	INFORMATION TECHNOLO	\$436 68	9/15/2012	58372
7712	0004	PAYROLL CLEARING ACCOUNT	201209150009	001000110	SOC SEC MATCHING	\$32 89	9/15/2012	58372
7712	0004	PAYROLL CLEARING ACCOUNT	201209150009	001000110	STATE RET MATCHING	\$62 27	9/15/2012	58372
7713	0004	PAYROLL CLEARING ACCOUNT	201209150010	001000110	CASE MANAGER GRANT	\$499 70	9/15/2012	58372
7713	0004	PAYROLL CLEARING ACCOUNT	201209150010	001000110	SOC SEC MATCHING	\$38 23	9/15/2012	58372
7713	0004	PAYROLL CLEARING ACCOUNT	201209150010	001000110	STATE RET MATCHING	\$71 26	9/15/2012	58372
7714	0004	PAYROLL CLEARING ACCOUNT	201209150011	001000110	DEPUTIES	\$3,003 58	9/15/2012	58372
7714	0004	PAYROLL CLEARING ACCOUNT	201209150011	001000110	SOC SEC MATCHING	\$213 01	9/15/2012	58372
7714	0004	PAYROLL CLEARING ACCOUNT	201209150011	001000110	STATE RET MATCHING	\$428 31	9/15/2012	58372
7715	0004	PAYROLL CLEARING ACCOUNT	201209150012	001000110	OFFICE/CLERICAL	\$916 23	9/15/2012	58372
7715	0004	PAYROLL CLEARING ACCOUNT	201209150012	001000110	SOC SEC MATCHING	\$59 22	9/15/2012	58372
7715	0004	PAYROLL CLEARING ACCOUNT	201209150012	001000110	STATE RET MATCHING	\$130 65	9/15/2012	58372
7716	0004	PAYROLL CLEARING ACCOUNT	201209150013	001000110	DEPUTIES	\$13,370 75	9/15/2012	58372
7716	0004	PAYROLL CLEARING ACCOUNT	201209150013	001000110	DEPUTIES OVERTIME	\$640 63	9/15/2012	58372
7716	0004	PAYROLL CLEARING ACCOUNT	201209150013	001000110	MECHANIC SALARY	\$981 36	9/15/2012	58372
7716	0004	PAYROLL CLEARING ACCOUNT	201209150013	001000110	OFFICE CLERICAL OVER	\$115 18	9/15/2012	58372
7716	0004	PAYROLL CLEARING ACCOUNT	201209150013	001000110	OFFICE/CLERICAL	\$5,741 55	9/15/2012	58372
7716	0004	PAYROLL CLEARING ACCOUNT	201209150013	001000110	SOC SEC MATCHING	\$1,528 03	9/15/2012	58372
7716	0004	PAYROLL CLEARING ACCOUNT	201209150013	001000110	STATE RET MATCHING	\$2,893 21	9/15/2012	58372
7717	0004	PAYROLL CLEARING ACCOUNT	201209150014	001000110	MTC TRANSPORT OFFICE	\$636 12	9/15/2012	58372
7717	0004	PAYROLL CLEARING ACCOUNT	201209150014	001000110	SOC SEC MATCHING	\$41 88	9/15/2012	58372
7717	0004	PAYROLL CLEARING ACCOUNT	201209150014	001000110	STATE RET MATCHING	\$90 71	9/15/2012	58372
7718	0004	PAYROLL CLEARING ACCOUNT	201209150015	001000110	JAIL ADMINISTRATOR	\$604 16	9/15/2012	58372
7718	0004	PAYROLL CLEARING ACCOUNT	201209150015	001000110	JAIL RECORDS CLERK	\$1,217 71	9/15/2012	58372
7718	0004	PAYROLL CLEARING ACCOUNT	201209150015	001000110	JAILORS OVERTIME	\$860 76	9/15/2012	58372
7718	0004	PAYROLL CLEARING ACCOUNT	201209150015	001000110	JAILORS SALARIES	\$11,093 67	9/15/2012	58372
7718	0004	PAYROLL CLEARING ACCOUNT	201209150015	001000110	KITCHEN MANAGER	\$1,293 90	9/15/2012	58372
7718	0004	PAYROLL CLEARING ACCOUNT	201209150015	001000110	SOC SEC MATCHING	\$1,068 47	9/15/2012	58372
7718	0004	PAYROLL CLEARING ACCOUNT	201209150015	001000110	STATE RET MATCHING	\$2,149 02	9/15/2012	58372
7719	0004	PAYROLL CLEARING ACCOUNT	201209150016	097000110	DISPATCHER O/T	\$423 41	9/15/2012	58372
7719	0004	PAYROLL CLEARING ACCOUNT	201209150016	097000110	DISPATCHERS	\$7,093 37	9/15/2012	58372

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7719	0004	PAYROLL CLEARING ACCOUNT	201209150016	097000110	SOC SEC MATCHING	\$633 14	9/15/2012	58372
7719	0004	PAYROLL CLEARING ACCOUNT	201209150016	097000110	STATE RET MATCHING	\$1,104 48	9/15/2012	58372
7719	0004	PAYROLL CLEARING ACCOUNT	201209150016	097000110	911 DIRECTOR SALARY	\$971 63	9/15/2012	58372
7720	0004	PAYROLL CLEARING ACCOUNT	201209150017	112000110	DRUG COORDINATOR SAL	\$1,250 00	9/15/2012	58372
7720	0004	PAYROLL CLEARING ACCOUNT	201209150017	112000110	PART TIME EMPLOYEES	\$435 00	9/15/2012	58372
7720	0004	PAYROLL CLEARING ACCOUNT	201209150017	112000110	SOC SEC MATCHING	\$128 91	9/15/2012	58372
7720	0004	PAYROLL CLEARING ACCOUNT	201209150017	112000110	STATE RET MATCHING	\$178 25	9/15/2012	58372
7721	0004	PAYROLL CLEARING ACCOUNT	201209150018	152000110	ROAD LABORERS HOURL	\$2,732 02	9/15/2012	58372
7721	0004	PAYROLL CLEARING ACCOUNT	201209150018	152000110	SOC SEC MATCHING	\$208 99	9/15/2012	58372
7721	0004	PAYROLL CLEARING ACCOUNT	201209150018	152000110	STATE RET MATCHING	\$325 34	9/15/2012	58372
7722	0004	PAYROLL CLEARING ACCOUNT	201209150019	153000110	ROAD LABORERS HOURL	\$3,192 72	9/15/2012	58372
7722	0004	PAYROLL CLEARING ACCOUNT	201209150019	153000110	SOC SEC MATCHING	\$241 63	9/15/2012	58372
7722	0004	PAYROLL CLEARING ACCOUNT	201209150019	153000110	STATE RET MATCHING	\$378 69	9/15/2012	58372
7723	0004	PAYROLL CLEARING ACCOUNT	201209150020	154000110	ROAD LABORERS HOURL	\$2,864 40	9/15/2012	58372
7723	0004	PAYROLL CLEARING ACCOUNT	201209150020	154000110	SOC SEC MATCHING	\$204 60	9/15/2012	58372
7723	0004	PAYROLL CLEARING ACCOUNT	201209150020	154000110	STATE RET MATCHING	\$285 26	9/15/2012	58372
7724	0004	PAYROLL CLEARING ACCOUNT	201209150021	155000110	ROAD LABORERS HOU	\$3,385 92	9/15/2012	58372
7724	0004	PAYROLL CLEARING ACCOUNT	201209150021	155000110	SOC SEC MATCHING	\$241 31	9/15/2012	58372
7724	0004	PAYROLL CLEARING ACCOUNT	201209150021	155000110	STATE RET MATCHING	\$417 87	9/15/2012	58372
7725	0004	PAYROLL CLEARING ACCOUNT	201209150022	161000110	ROAD LABORERS-HOURLY	\$4,396 72	9/15/2012	58372
7725	0004	PAYROLL CLEARING ACCOUNT	201209150022	161000110	SOC SEC MATCHING	\$310 08	9/15/2012	58372
7725	0004	PAYROLL CLEARING ACCOUNT	201209150022	161000110	STATE RET MATCHING	\$570 57	9/15/2012	58372
7726	0004	PAYROLL CLEARING ACCOUNT	201209150023	400000110	SANITATION SALARY	\$3,199 33	9/15/2012	58372
7726	0004	PAYROLL CLEARING ACCOUNT	201209150023	400000110	SOC SEC MATCHING	\$222 25	9/15/2012	58372
7726	0004	PAYROLL CLEARING ACCOUNT	201209150023	400000110	STATE RET MATCHING	\$456 21	9/15/2012	58372
7811	6060	NEW YORK LIFE	09/2012	687000111	DUE TO NEW YORK LIFE	\$206 00	9/17/2012	1139
7812	6986	PENNSYLVANIA LIFE INS CO	09/2012	687000110	DUE TO PENNSLVANIA L	\$150 53	9/17/2012	1140
7813	1496	COLONIAL LIFE	09/2012	687000114	DUE TO COLONIAL LIFE	\$73 16	9/17/2012	1141
7814	5250	LIFE INSURANCE CO OF ALABAMA	09/2012	687000116	DUE TO LIFE INS OF A	\$34 00	9/17/2012	1142
7815	1251	CALVERT-SPRADLING ENGINEERS	09/2012	082650558	INPSECTION FEES	\$3,200 00	9/17/2012	1002
7735	1242	CADENCE BANK	09/2012	217800800	PRIN RETIREMENT CAP	\$45,000 00	9/19/2012	58373
7735	1242	CADENCE BANK	09/2012	217800802	INTEREST EXPENSE	\$4,163 26	9/19/2012	58373
7736	8547	TRUSTMARK NATIONAL BANK	09/2012	240800800	PRIN RETIREMENT CAP	\$25,000 00	9/19/2012	58374
7736	8547	TRUSTMARK NATIONAL BANK	09/2012	240800802	INTEREST EXPENSE	\$8,500 00	9/19/2012	58374
7739	1463	CLAY CO HOME PROJECT GRANT ACC	09/2012	001000054	DUE FROM GOV'T FUNDS	\$3,200 00	9/21/2012	58375
7740	5882	MISS STATE TAX COMMISSION	09/2012	001200695	CAR TITLES/TAGS	\$12 00	9/21/2012	58377

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7741	1481	CLAY COUNTY TAX ASSESSOR/COLL	09/2012	155305695	TRUCK TITLE/TAG	\$10 00	9/21/2012	58376
7742	5899	MS DEPARTMENT OF REVENUE	09/2012	001200695	CAR TITLES/TAGS	\$12 00	9/21/2012	58378
7743	5899	MS DEPARTMENT OF REVENUE	09/2012A	155305695	TRUCK TITLE/TAG	\$12 00	9/21/2012	58378
7816	0366	AMERICAN FAMILY LIFE INS CO	09/2012	687000112	DUE TO AFLAC	\$795 92	9/21/2012	1144
7817	3300	GUARDIAN LIFE INSURANCE CO	09/2012	687000117	DUE TO GUARDIAN LIFE	\$1,526 36	9/21/2012	1145
7817	3300	GUARDIAN LIFE INSURANCE CO	09/2012	687000118	DUE TO GUARDIAN DENT	\$2 783 29	9/21/2012	1145
7744	5736	MS DEVELOPMENT AUTHORITY	09/2012A	138800800	PRIN RETIREMENT-CAP	\$3,564 86	9/24/2012	58380
7744	5736	MS DEVELOPMENT AUTHORITY	09/2012A	138800802	INTEREST EXPENSE	\$1,981 12	9/24/2012	58380
7745	3691	HOLIDAY INN EXPRESS	09/2012	001102476	MEALS AND LODGING	\$77 00	9/24/2012	58379
7746	3193	GOLDEN TRIANGLE PL & DEV DIST	09/2012	695000136	DUE TO EMCC	\$35,750 00	9/24/2012	58382
7747	1477	CLAY COUNTY SHERIFF/PETTY CASH	09/2012	001200615	PURCHASE OF EVIDENCE	\$120 00	9/24/2012	58381
7748	1477	CLAY COUNTY SHERIFF/PETTY CASH	09/2012A	001200615	PURCHASE OF EVIDENCE	\$125 00	9/24/2012	58381
7818	0542	ASSURITY LIFE INSURANCE CO	09/2012	687000119	DUE TO ASSURITY LIFE	\$51 02	9/25/2012	1146
7819	5248	LIBERTY NATIONAL INS	09/2012	687000113	DUE TO LIBERTY NATIO	\$1,320 20	9/25/2012	1147
7749	8499	TOMBIGBEE REGIONAL LIBRARY	10/2012	095500752	GRANT TOMBIGBEE LIB	\$4,400 37	9/27/2012	58395
7750	2037	EAST MS COMMUNITY COLLEGE	10/2012	690000136	DUE TO EMCC	\$10,999 57	9/27/2012	58384
7751	2037	EAST MS COMMUNITY COLLEGE	10/2012A	691000136	DUE TO EMCC	\$18 64	9/27/2012	58384
7752	2036	EAST MISS COMMUNITY COLLEGE	10/2012	697000136	DUE TO EMCC	\$6,178 33	9/27/2012	58383
7753	2036	EAST MISS COMMUNITY COLLEGE	10/2012A	698000136	DUE TO EMCC	\$5,147 48	9/27/2012	58383
7754	8498	TOMBIGBEE RIVER WTR MGMT DIST	10/2012	699000136	DUE TO TRVWMD	\$6,880 79	9/27/2012	58394
7755	5305	LOCAL GOVERNMENT RECORDS OFFIC	10/2012	001000136	DUE TO STATE-ARCHIVA	\$65 50	9/27/2012	58390
7756	8100	STATE TREASURER	10/2012	650000122	TV-TRAFFIC VIOLATION	\$9,312 59	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000123	IC-IMPLIED CONSENT	\$1,037 50	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000124	GF GAME & FISH	\$89 00	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000125	SL LITTER PREVENTION	\$25 00	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000126	OM-OTHER MISDEMEANOR	\$2,983 50	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000128	ABF APPEARANCE BOND	\$794 00	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000129	CC-COURT CONSTITUENT	\$194 25	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000130	VBF VICTIMS BOND FE	\$224 00	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000132	SCEF COURT EDUCATION	\$478 00	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000134	DVF DOMESTIC VIOLENC	\$112 00	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000137	MVL MOTOR VEHICLE LI	\$2,141 00	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000140	CLA- CIVIL LEGAL ASS	\$555 00	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000141	CEC ELECTRONIC CT S	\$1,110 00	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000148	ALA- ADDTL LITTER AS	\$50 00	9/27/2012	58393
7756	8100	STATE TREASURER	10/2012	650000149	TT- TRAUMA TRAFFIC	\$760 00	9/27/2012	58393

7756	8100	STATE TREASURER	10/2012	650000155	JUDICIAL SYSTEM OPER	\$1,720 00	9/27/2012	58393
7757	5732	MS DEPT OF PUBLIC SAFETY	10/2012	650000138	MHP-HIGHWAY PATROL A	\$794 50	9/27/2012	58391
7757	5732	MS DEPT OF PUBLIC SAFETY	10/2012	650000151	SHERIFF FEES WIRELES	\$100 00	9/27/2012	58391
7758	3191	GOLDEN TRIANGLE CRIME STOPPERS	10/2012	650000147	CS CRIME STOPPERS	\$153 00	9/27/2012	58385
7759	5760	MISSISSIPPI CRIME LABORATORY	10/2012	650000145	CL CRIME LAB	\$20 00	9/27/2012	58392
7760	5166	LAYNE IRVIN	09/2012	001102476	MEALS AND LODGING	\$24 46	9/27/2012	58388
7760	5166	LAYNE IRVIN	09/2012	001102477	PRIVATE VEHICLE TRAV	\$200 64	9/27/2012	58388
7761	5166	LAYNE IRVIN	09/2012A	001100476	MEALS AND LODGING	\$45 50	9/27/2012	58388
7761	5166	LAYNE IRVIN	09/2012A	001102477	PRIVATE VEHICLE TRAV	\$181 44	9/27/2012	58388
7762	4798	KAY LYNN FROST	09/2012	001105476	MEALS & LODGING	\$59 54	9/27/2012	58387
7762	4798	KAY LYNN FROST	09/2012	001105477	PRIVATE VEHICLE TRAV	\$228 96	9/27/2012	58387
7763	4432	SHERMAN IVY	09/2012	001262461	CONSTABLE FEES	\$3,091 65	9/27/2012	58386
7764	5230	LEWIS STAFFORD	09/2012	001262461	CONSTABLE FEES	\$1,360 33	9/27/2012	58389
7765	1473	CLAY COUNTY SCHOOL DISTRICT	09/2012A	001000147	DUE TO LOCAL GOVERNMENT	\$16,075 00	9/28/2012	58397
7766	1473	CLAY COUNTY SCHOOL DISTRICT	10/2012	001000113	HEAVY DUTY TAX	\$131 24	9/28/2012	58397
7767	1433	CITY OF WEST POINT	10/2012	001000113	HEAVY DUTY TAX	\$2,099 77	9/28/2012	58396
7768	9321	WEST POINT SCHOOLS	10/2012	001000113	HEAVY DUTY TAX	\$5,643 13	9/28/2012	58401
7769	1646	DAC JONES	09/2012	001220544	SERVICE & MAINT CONT	\$910 00	9/28/2012	58400
7770	1545	COMMUNITY COUNSELLING	09/2012C	001220544	SERVICE & MAINT CONT	\$1,500 00	9/28/2012	58399
7771	1476	CLAY COUNTY UNIT NAACP	09/2012	001100522	ADVERTISING-RESOURCE	\$75 00	9/28/2012	58398
7772	0004	PAYROLL CLEARING ACCOUNT	201209300002	001000110	ATTORNEYS	\$3,366 67	9/30/2012	58402
7772	0004	PAYROLL CLEARING ACCOUNT	201209300002	001000110	GROUP INS MATCHING	\$3,517 26	9/30/2012	58402
7772	0004	PAYROLL CLEARING ACCOUNT	201209300002	001000110	PERSONNEL MAN/SYSTEM	\$873 36	9/30/2012	58402
7772	0004	PAYROLL CLEARING ACCOUNT	201209300002	001000110	SOC SEC MATCHING	\$1,570 77	9/30/2012	58402
7772	0004	PAYROLL CLEARING ACCOUNT	201209300002	001000110	STATE RET MATCHING	\$3,005 08	9/30/2012	58402
7772	0004	PAYROLL CLEARING ACCOUNT	201209300002	001000110	SUPERVISORS SALARIES	\$16,833 35	9/30/2012	58402
7773	0004	PAYROLL CLEARING ACCOUNT	201209300003	001000110	ATTENDING BRD MEETIN	\$160 00	9/30/2012	58402
7773	0004	PAYROLL CLEARING ACCOUNT	201209300003	001000110	COMPTRROLLER	\$3,664 55	9/30/2012	58402
7773	0004	PAYROLL CLEARING ACCOUNT	201209300003	001000110	COUNTY AUDITOR	\$441 67	9/30/2012	58402
7773	0004	PAYROLL CLEARING ACCOUNT	201209300003	001000110	COUNTY TREASURER	\$208 33	9/30/2012	58402
7773	0004	PAYROLL CLEARING ACCOUNT	201209300003	001000110	GROUP INS MATCHING	\$3,501 68	9/30/2012	58402
7773	0004	PAYROLL CLEARING ACCOUNT	201209300003	001000110	OFFICE CLERICAL	\$780 09	9/30/2012	58402
7773	0004	PAYROLL CLEARING ACCOUNT	201209300003	001000110	PUBLIC SVC NOT PROV	\$416 67	9/30/2012	58402
7773	0004	PAYROLL CLEARING ACCOUNT	201209300003	001000110	SOC SEC MATCHING	\$419 93	9/30/2012	58402
7773	0004	PAYROLL CLEARING ACCOUNT	201209300003	001000110	STATE RET MATCHING	\$808 73	9/30/2012	58402
7774	0004	PAYROLL CLEARING ACCOUNT	201209300004	001000110	COUNTY REGISTRAR	\$1,341 67	9/30/2012	58402

7774	0004	PAYROLL CLEARING ACCOUNT	201209300004	001000110	DEPUTIES	\$1,832 46	9/30/2012	58402
7774	0004	PAYROLL CLEARING ACCOUNT	201209300004	001000110	ELECTION FEES	\$208 34	9/30/2012	58402
7774	0004	PAYROLL CLEARING ACCOUNT	201209300004	001000110	GROUP INS MATCHING	\$604 50	9/30/2012	58402
7774	0004	PAYROLL CLEARING ACCOUNT	201209300004	001000110	PUBLIC SVCS NOT PROV	\$416 66	9/30/2012	58402
7774	0004	PAYROLL CLEARING ACCOUNT	201209300004	001000110	SOC SEC MATCHING	\$286 46	9/30/2012	58402
7774	0004	PAYROLL CLEARING ACCOUNT	201209300004	001000110	STATE FAILURES	\$33 33	9/30/2012	58402
7774	0004	PAYROLL CLEARING ACCOUNT	201209300004	001000110	STATE RET MATCHING	\$546 50	9/30/2012	58402
7775	0004	PAYROLL CLEARING ACCOUNT	201209300005	001000110	DEPUTIES	\$3,607 08	9/30/2012	58402
7775	0004	PAYROLL CLEARING ACCOUNT	201209300005	001000110	GROUP INS MATCHING	\$2,918 50	9/30/2012	58402
7775	0004	PAYROLL CLEARING ACCOUNT	201209300005	001000110	SOC SEC MATCHING	\$633 28	9/30/2012	58402
7775	0004	PAYROLL CLEARING ACCOUNT	201209300005	001000110	STATE RET MATCHING	\$1,197 66	9/30/2012	58402
7775	0004	PAYROLL CLEARING ACCOUNT	201209300005	001000110	TAX ASSESSOR SALARY	\$4,791 67	9/30/2012	58402
7776	0004	PAYROLL CLEARING ACCOUNT	201209300006	001000110	ASST PURCHASE CLERK	\$208 34	9/30/2012	58402
7776	0004	PAYROLL CLEARING ACCOUNT	201209300006	001000110	PURCHASE CLERK SALAR	\$564 29	9/30/2012	58402
7776	0004	PAYROLL CLEARING ACCOUNT	201209300006	001000110	SOC SEC MATCHING	\$35 18	9/30/2012	58402
7776	0004	PAYROLL CLEARING ACCOUNT	201209300006	001000110	STATE RET MATCHING	\$110 18	9/30/2012	58402
7777	0004	PAYROLL CLEARING ACCOUNT	201209300007	001000110	INVENTORY CLERK	\$2,032 47	9/30/2012	58402
7777	0004	PAYROLL CLEARING ACCOUNT	201209300007	001000110	SOC SEC MATCHING	\$150 14	9/30/2012	58402
7777	0004	PAYROLL CLEARING ACCOUNT	201209300007	001000110	STATE RET MATCHING	\$289 83	9/30/2012	58402
7778	0004	PAYROLL CLEARING ACCOUNT	201209300008	001000110	GROUP INS MATCHING	\$9 36	9/30/2012	58402
7778	0004	PAYROLL CLEARING ACCOUNT	201209300008	001000110	RECEIVING CLERK	\$359 82	9/30/2012	58402
7778	0004	PAYROLL CLEARING ACCOUNT	201209300008	001000110	SOC SEC MATCHING	\$27 53	9/30/2012	58402
7778	0004	PAYROLL CLEARING ACCOUNT	201209300008	001000110	STATE RET MATCHING	\$51 31	9/30/2012	58402
7779	0004	PAYROLL CLEARING ACCOUNT	201209300009	001000110	GROUP INS MATCHING	\$1,166 36	9/30/2012	58402
7779	0004	PAYROLL CLEARING ACCOUNT	201209300009	001000110	MAINTENANCE OVERTIME	\$177 87	9/30/2012	58402
7779	0004	PAYROLL CLEARING ACCOUNT	201209300009	001000110	MAINTENANCE SALARY	\$2,259 61	9/30/2012	58402
7779	0004	PAYROLL CLEARING ACCOUNT	201209300009	001000110	PART-TIME HELP	\$693 52	9/30/2012	58402
7779	0004	PAYROLL CLEARING ACCOUNT	201209300009	001000110	SOC SEC MATCHING	\$227 70	9/30/2012	58402
7779	0004	PAYROLL CLEARING ACCOUNT	201209300009	001000110	STATE RET MATCHING	\$347 59	9/30/2012	58402
7780	0004	PAYROLL CLEARING ACCOUNT	201209300010	001000110	INFORMATION TECHNOLO	\$436 68	9/30/2012	58402
7780	0004	PAYROLL CLEARING ACCOUNT	201209300010	001000110	SOC SEC MATCHING	\$32 89	9/30/2012	58402
7780	0004	PAYROLL CLEARING ACCOUNT	201209300010	001000110	STATE RET MATCHING	\$62 27	9/30/2012	58402
7781	0004	PAYROLL CLEARING ACCOUNT	201209300011	001000110	OFFICE/CLERICAL	\$647 77	9/30/2012	58402
7781	0004	PAYROLL CLEARING ACCOUNT	201209300011	001000110	SOC SEC MATCHING	\$49 55	9/30/2012	58402
7782	0004	PAYROLL CLEARING ACCOUNT	201209300012	001000110	BAILIFF	\$330 00	9/30/2012	58402
7782	0004	PAYROLL CLEARING ACCOUNT	201209300012	001000110	SOC SEC MATCHING	\$25 24	9/30/2012	58402

7782	0004	PAYROLL CLEARING ACCOUNT	201209300012	001000110	STATE RET MATCHING	\$23 53	9/30/2012	58402
7783	0004	PAYROLL CLEARING ACCOUNT	201209300013	001000110	BAILIFF	\$440 00	9/30/2012	58402
7783	0004	PAYROLL CLEARING ACCOUNT	201209300013	001000110	SOC SEC MATCHING	\$33 67	9/30/2012	58402
7783	0004	PAYROLL CLEARING ACCOUNT	201209300013	001000110	STATE RET MATCHING	\$47 07	9/30/2012	58402
7784	0004	PAYROLL CLEARING ACCOUNT	201209300014	001000110	CASE MANAGER - GRANT	\$499 70	9/30/2012	58402
7784	0004	PAYROLL CLEARING ACCOUNT	201209300014	001000110	GROUP INS MATCHING	\$421 71	9/30/2012	58402
7784	0004	PAYROLL CLEARING ACCOUNT	201209300014	001000110	JUDGE/REFEREE	\$793 29	9/30/2012	58402
7784	0004	PAYROLL CLEARING ACCOUNT	201209300014	001000110	SOC SEC MATCHING	\$98 92	9/30/2012	58402
7784	0004	PAYROLL CLEARING ACCOUNT	201209300014	001000110	STATE RET MATCHING	\$184 38	9/30/2012	58402
7785	0004	PAYROLL CLEARING ACCOUNT	201209300015	001000110	FICA MATCH	\$21 89	9/30/2012	58402
7785	0004	PAYROLL CLEARING ACCOUNT	201209300015	001000110	INSURANCE MATCH	\$152 11	9/30/2012	58402
7785	0004	PAYROLL CLEARING ACCOUNT	201209300015	001000110	LUNACY JUDGE	\$286 15	9/30/2012	58402
7785	0004	PAYROLL CLEARING ACCOUNT	201209300015	001000110	RETIREMENT MATCH	\$40 81	9/30/2012	58402
7786	0004	PAYROLL CLEARING ACCOUNT	201209300016	001000110	BAILIFF	\$220 00	9/30/2012	58402
7786	0004	PAYROLL CLEARING ACCOUNT	201209300016	001000110	COUNTY JUDGES	\$6,733 34	9/30/2012	58402
7786	0004	PAYROLL CLEARING ACCOUNT	201209300016	001000110	DEPUTIES	\$3,003 58	9/30/2012	58402
7786	0004	PAYROLL CLEARING ACCOUNT	201209300016	001000110	GROUP INS MATCHING	\$2,911 49	9/30/2012	58402
7786	0004	PAYROLL CLEARING ACCOUNT	201209300016	001000110	SOC SEC MATCHING	\$714 71	9/30/2012	58402
7786	0004	PAYROLL CLEARING ACCOUNT	201209300016	001000110	STATE RET MATCHING	\$1,419 87	9/30/2012	58402
7787	0004	PAYROLL CLEARING ACCOUNT	201209300017	001000110	CORONER'S FEE	\$900 00	9/30/2012	58402
7787	0004	PAYROLL CLEARING ACCOUNT	201209300017	001000110	GROUP INS MATCHING	\$11 96	9/30/2012	58402
7787	0004	PAYROLL CLEARING ACCOUNT	201209300017	001000110	MEDICAL EXAMINERS FE	\$375 00	9/30/2012	58402
7787	0004	PAYROLL CLEARING ACCOUNT	201209300017	001000110	SOC SEC MATCHING	\$97 54	9/30/2012	58402
7787	0004	PAYROLL CLEARING ACCOUNT	201209300017	001000110	STATE RET MATCHING	\$181 82	9/30/2012	58402
7788	0004	PAYROLL CLEARING ACCOUNT	201209300018	001000110	ATTORNEYS	\$3,366 67	9/30/2012	58402
7788	0004	PAYROLL CLEARING ACCOUNT	201209300018	001000110	GROUP INS MATCHING	\$585 78	9/30/2012	58402
7788	0004	PAYROLL CLEARING ACCOUNT	201209300018	001000110	SOC SEC MATCHING	\$243 99	9/30/2012	58402
7788	0004	PAYROLL CLEARING ACCOUNT	201209300018	001000110	STATE RET MATCHING	\$480 09	9/30/2012	58402
7789	0004	PAYROLL CLEARING ACCOUNT	201209300019	001000110	ATTORNEYS	\$6,180 00	9/30/2012	58402
7789	0004	PAYROLL CLEARING ACCOUNT	201209300019	001000110	GROUP INS MATCHING	\$1,166 36	9/30/2012	58402
7789	0004	PAYROLL CLEARING ACCOUNT	201209300019	001000110	SOCIAL SEC MATCHING	\$452 02	9/30/2012	58402
7789	0004	PAYROLL CLEARING ACCOUNT	201209300019	001000110	STATE RETIRE MATCHIN	\$881 26	9/30/2012	58402
7790	0004	PAYROLL CLEARING ACCOUNT	201209300020	001000110	ELECTION COMMISIONER	\$3,612 00	9/30/2012	58402
7790	0004	PAYROLL CLEARING ACCOUNT	201209300020	001000110	GROUP INS MATCHING	\$583 18	9/30/2012	58402
7790	0004	PAYROLL CLEARING ACCOUNT	201209300020	001000110	OFFICE/CLERICAL	\$916 23	9/30/2012	58402
7790	0004	PAYROLL CLEARING ACCOUNT	201209300020	001000110	SOC SEC MATCHING	\$335 55	9/30/2012	58402

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7790	0004	PAYROLL CLEARING ACCOUNT	201209300020	001000110	STATE RET MATCHING	\$130 65	9/30/2012	58402
7791	0004	PAYROLL CLEARING ACCOUNT	201209300021	001000110	DEPUTIES	\$12,639 76	9/30/2012	58402
7791	0004	PAYROLL CLEARING ACCOUNT	201209300021	001000110	DEPUTIES OVERTIME	\$1,880 33	9/30/2012	58402
7791	0004	PAYROLL CLEARING ACCOUNT	201209300021	001000110	GROUP INS MATCHING	\$10,499 84	9/30/2012	58402
7791	0004	PAYROLL CLEARING ACCOUNT	201209300021	001000110	MECHANIC SALARY	\$1,036 27	9/30/2012	58402
7791	0004	PAYROLL CLEARING ACCOUNT	201209300021	001000110	OFFICE CLERICAL OVER	\$171 29	9/30/2012	58402
7791	0004	PAYROLL CLEARING ACCOUNT	201209300021	001000110	OFFICE/CLERICAL	\$6,184 59	9/30/2012	58402
7791	0004	PAYROLL CLEARING ACCOUNT	201209300021	001000110	SHERIFF SALARY	\$5,833 34	9/30/2012	58402
7791	0004	PAYROLL CLEARING ACCOUNT	201209300021	001000110	SOC SEC MATCHING	\$2,030 79	9/30/2012	58402
7791	0004	PAYROLL CLEARING ACCOUNT	201209300021	001000110	STATE RET MATCHING	\$3,861 09	9/30/2012	58402
7792	0004	PAYROLL CLEARING ACCOUNT	201209300022	001000110	GROUP INS MATCHING	\$577 56	9/30/2012	58402
7792	0004	PAYROLL CLEARING ACCOUNT	201209300022	001000110	MTC TRANSPORT OFFICE	\$679 32	9/30/2012	58402
7792	0004	PAYROLL CLEARING ACCOUNT	201209300022	001000110	SOC SEC MATCHING	\$45 18	9/30/2012	58402
7792	0004	PAYROLL CLEARING ACCOUNT	201209300022	001000110	STATE RET MATCHING	\$96 87	9/30/2012	58402
7793	0004	PAYROLL CLEARING ACCOUNT	201209300023	001000110	GROUP INS MATCHING	\$7,581 34	9/30/2012	58402
7793	0004	PAYROLL CLEARING ACCOUNT	201209300023	001000110	JAIL ADMINISTRATOR	\$604 16	9/30/2012	58402
7793	0004	PAYROLL CLEARING ACCOUNT	201209300023	001000110	JAIL RECORDS CLERK	\$1,237 41	9/30/2012	58402
7793	0004	PAYROLL CLEARING ACCOUNT	201209300023	001000110	JAILORS OVERTIME	\$1,240 79	9/30/2012	58402
7793	0004	PAYROLL CLEARING ACCOUNT	201209300023	001000110	JAILORS SALARIES	\$11,122 26	9/30/2012	58402
7793	0004	PAYROLL CLEARING ACCOUNT	201209300023	001000110	SOC SEC MATCHING	\$1,013 50	9/30/2012	58402
7793	0004	PAYROLL CLEARING ACCOUNT	201209300023	001000110	STATE RET MATCHING	\$2,025 55	9/30/2012	58402
7794	0004	PAYROLL CLEARING ACCOUNT	201209300024	001000110	CO DIRECTOR/4H YOUTH	\$610 28	9/30/2012	58402
7794	0004	PAYROLL CLEARING ACCOUNT	201209300024	001000110	OFFICE/CLERICAL	\$732 33	9/30/2012	58402
7794	0004	PAYROLL CLEARING ACCOUNT	201209300024	001000110	SOC SEC MATCHING	\$102 72	9/30/2012	58402
7795	0004	PAYROLL CLEARING ACCOUNT	201209300025	097000110	DISPATCHER O/T	\$367 39	9/30/2012	58402
7795	0004	PAYROLL CLEARING ACCOUNT	201209300025	097000110	DISPATCHERS	\$7,196 02	9/30/2012	58402
7795	0004	PAYROLL CLEARING ACCOUNT	201209300025	097000110	GROUP INS MATCHING	\$4,082 26	9/30/2012	58402
7795	0004	PAYROLL CLEARING ACCOUNT	201209300025	097000110	SOC SEC MATCHING	\$636 73	9/30/2012	58402
7795	0004	PAYROLL CLEARING ACCOUNT	201209300025	097000110	STATE RET MATCHING	\$1,087 96	9/30/2012	58402
7795	0004	PAYROLL CLEARING ACCOUNT	201209300025	097000110	911 DIRECTOR SALARY	\$971 63	9/30/2012	58402
7796	0004	PAYROLL CLEARING ACCOUNT	201209300026	104000110	LAW LIBRARY- ADMINIS	\$133 55	9/30/2012	58402
7796	0004	PAYROLL CLEARING ACCOUNT	201209300026	104000110	SOC SEC MATCHING	\$9 77	9/30/2012	58402
7796	0004	PAYROLL CLEARING ACCOUNT	201209300026	104000110	STATE RET MATCHING	\$19 04	9/30/2012	58402
7797	0004	PAYROLL CLEARING ACCOUNT	201209300027	112000110	DRUG COORDINATOR SAL	\$1,250 00	9/30/2012	58402
7797	0004	PAYROLL CLEARING ACCOUNT	201209300027	112000110	GROUP INS MATCHING	\$9 36	9/30/2012	58402
7797	0004	PAYROLL CLEARING ACCOUNT	201209300027	112000110	PART TIME EMPLOYEES	\$435 00	9/30/2012	58402



7797	0004	PAYROLL CLEARING ACCOUNT	201209300027	112000110	SOC SEC MATCHING	\$128 91	9/30/2012	58402
7797	0004	PAYROLL CLEARING ACCOUNT	201209300027	112000110	STATE RET MATCHING	\$178 25	9/30/2012	58402
7798	0004	PAYROLL CLEARING ACCOUNT	201209300028	114000110	COORDINATOR/VOL FIRE	\$367 74	9/30/2012	58402
7798	0004	PAYROLL CLEARING ACCOUNT	201209300028	114000110	SOC SEC MATCHING	\$28 13	9/30/2012	58402
7799	0004	PAYROLL CLEARING ACCOUNT	201209300029	161000110	GROUP INS MATCHING	\$1,749 54	9/30/2012	58402
7799	0004	PAYROLL CLEARING ACCOUNT	201209300029	161000110	ROAD LABORERS-HOURLY	\$3,675 04	9/30/2012	58402
7799	0004	PAYROLL CLEARING ACCOUNT	201209300029	161000110	SOC SEC MATCHING	\$254 87	9/30/2012	58402
7799	0004	PAYROLL CLEARING ACCOUNT	201209300029	161000110	STATE RET MATCHING	\$458 25	9/30/2012	58402
7800	0004	PAYROLL CLEARING ACCOUNT	201209300030	162000110	GROUP INS MATCHING	\$583 18	9/30/2012	58402
7800	0004	PAYROLL CLEARING ACCOUNT	201209300030	162000110	ROAD LABORERS HOURL	\$2,700 44	9/30/2012	58402
7800	0004	PAYROLL CLEARING ACCOUNT	201209300030	162000110	SOC SEC MATCHING	\$206 58	9/30/2012	58402
7800	0004	PAYROLL CLEARING ACCOUNT	201209300030	162000110	STATE RET MATCHING	\$324 48	9/30/2012	58402
7801	0004	PAYROLL CLEARING ACCOUNT	201209300031	163000110	GROUP INS MATCHING	\$1,166 36	9/30/2012	58402
7801	0004	PAYROLL CLEARING ACCOUNT	201209300031	163000110	ROAD LABORERS- HOURL	\$2,608 56	9/30/2012	58402
7801	0004	PAYROLL CLEARING ACCOUNT	201209300031	163000110	SOC SEC MATCHING	\$196 94	9/30/2012	58402
7801	0004	PAYROLL CLEARING ACCOUNT	201209300031	163000110	STATE RET MATCHING	\$333 68	9/30/2012	58402
7802	0004	PAYROLL CLEARING ACCOUNT	201209300032	164000110	GROUP INS MATCHING	\$1,166 36	9/30/2012	58402
7802	0004	PAYROLL CLEARING ACCOUNT	201209300032	164000110	ROAD LABORERS- HOURL	\$3,653 59	9/30/2012	58402
7802	0004	PAYROLL CLEARING ACCOUNT	201209300032	164000110	SOC SEC MATCHING	\$264 67	9/30/2012	58402
7802	0004	PAYROLL CLEARING ACCOUNT	201209300032	164000110	STATE RET MATCHING	\$324 78	9/30/2012	58402
7803	0004	PAYROLL CLEARING ACCOUNT	201209300033	165000110	GROUP INS MATCHING	\$1,749 54	9/30/2012	58402
7803	0004	PAYROLL CLEARING ACCOUNT	201209300033	165000110	ROAD LABORERS HOURL	\$3,918 89	9/30/2012	58402
7803	0004	PAYROLL CLEARING ACCOUNT	201209300033	165000110	SOC SEC MATCHING	\$281 99	9/30/2012	58402
7803	0004	PAYROLL CLEARING ACCOUNT	201209300033	165000110	STATE RET MATCHING	\$493 87	9/30/2012	58402
7804	0004	PAYROLL CLEARING ACCOUNT	201209300034	400000110	GROUP INS MATCHING	\$1,749 54	9/30/2012	58402
7804	0004	PAYROLL CLEARING ACCOUNT	201209300034	400000110	SANITATION SALARY	\$3,193 93	9/30/2012	58402
7804	0004	PAYROLL CLEARING ACCOUNT	201209300034	400000110	SOC SEC MATCHING	\$221 83	9/30/2012	58402
7804	0004	PAYROLL CLEARING ACCOUNT	201209300034	400000110	STATE RET MATCHING	\$455 46	9/30/2012	58402
7805	0004	PAYROLL CLEARING ACCOUNT	201209300035	001000110	OFFICE/CLERICAL	\$128 00	9/30/2012	58402
7805	0004	PAYROLL CLEARING ACCOUNT	201209300035	001000110	SOC SEC MATCHING	\$9 80	9/30/2012	58402
7805	0004	PAYROLL CLEARING ACCOUNT	201209300035	001000110	STATE RET MATCHING	\$18 25	9/30/2012	58402
8458	0003	GENERAL COUNTY FUND	09/2012A	687000149	DUE TO GOV'T FUNDS	\$114 06	9/30/2012	1156

Total

\$563,684 82

714

Left

Blank

Intentionally

NO \_\_\_\_\_

**IN THE MATTER OF ACCEPTING CONTRACTOR BIDS  
FOR CONSTRUCTION CONTRACTS ON THE ELMORE ROAD BOX  
BRIDGE AND APPROACHES PROJECT NO BR-0013(49)BO**


---

There came on this day for consideration the matter of accepting contractor bids for construction contracts on the Elmore Road Box Bridge and Approaches Project No BR-0013(49)BO

It appears to this Board that bids were opened at 10 00 o'clock A M for the State Aid Project Elmore Road Box Bridge and Approaches Project No BR-0013(49)BO and that as attached hereto as Exhibit "A" an Affidavit of Publication has been presented by the Clerk of the Board to show that sufficient notice was given to contractors. It further appears to this Board that three (3) bids have been received for the construction contract on the said project and the Board requests that the said bids be taken under advisement for further review by the County Engineer, Robert Calvert

After motion by Lynn Horton and second by Shelton Deanes, this Board doth vote unanimously to accept said bids as received and take under advisement for further review by the County Engineer, Robert Calvert

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

# Affidavit of Publication

STATE OF MISSISSIPPI } SS  
COUNTY OF CLAY }

OFFICE OF STATE AID ROAD CONSTRUCTION  
MISSISSIPPI DEPARTMENT OF TRANSPORTATION  
AND  
CLAY COUNTY BOARD OF  
SUPERVISORS

Natasha Watson being duly sworn, says

SECTION 900

That she is bookkeeper of the Daily Times Leader a daily newspaper of general circulation, printed and published in West Point Clay County Mississippi, that the publication a copy of which is attached hereto, was published in the said newspaper on the following dates

NOTICE TO CONTRACTORS

August 24 2012 August 31 2012

Sealed bids will be received by the Board of Supervisors of Clay County Mississippi at the Clay County Courthouse West Point Mississippi until 10 00 am on the 27th day of September 2012 and shortly thereafter publicly opened for the construction of 0 198 miles of BRIDGE AND APPROACHES on the ELMORE ROAD being known as Project No BR 0013 (49)BO in Clay County Mississippi

PRINCIPAL ITEMS OF WORK ARE APPROXIMATELY AS FOLLOWS

That said newspaper was regularly issued and circulated on those dates

SIGNED

*Natasha Watson*

bookkeeper

ITEM QUANTITY UNIT

Subscribed to and sworn to me this 31st day of August 2012

ROADWAY ITEMS

- MOBILIZATION LUMP SUM LS
- CLEARING AND GRUBBING LUMP SUM LS
- REMOVAL OF BRIDGE (STA 33+32) 1 000 UN
- UNCLASSIFIED EXCAVATION (FM) 469 000 CY
- EXCESS EXCAVATION (FM) 11 456 000 CY
- GEOTEXTILE FABRIC STABILIZATION (TYPE VII) (AOS 0 15 0 21) 1 212 000 SY
- GEOGRID TYPE II (BIAXIAL) 8 999 000 SY
- GRANULAR MATERIAL (LVM) (CLASS 3 GROUP B) 2 082 000 CY
- GRANULAR MATERIAL (LVM) CLASS 9 GROUP C) 4 825 000 CY
- CLASS B STRUCTURAL CONCRETE MINOR STRUCTURES 3 920 CY
- REINFORCING STEEL 97 000 LB
- 18 REINFORCED CONCRETE PIPE CLASS III 32 000 LF
- 24 REINFORCED CONCRETE PIPE CLASS III 160 000 LF
- 36" REINFORCED CONCRETE PIPE CLASS III 32 000 LF
- 24 REINFORCED CONCRETE PIPE END SECTION 2 000 EA
- 36 REINFORCED CONCRETE PIPE END SECTION 2 000 EA
- 24 PIPE REMOVED AND RELAID (REINFORCED CONCRETE) 8 000 LF
- 24 END SECTION REMOVED AND RELAID (REINFORCED CONCRETE) 2 000 EA
- 36" END SECTION REMOVED AND RELAID (REINFORCED CONCRETE) 1 000 EA
- FILTER MATERIAL FOR FILTER BEDS TYPE B 100 000 CY
- GUARD RAIL W BEAM 175 000 LF
- GUARD RAIL BRIDGE END SECTION TYPE I THRIE BEAM 4 000 EA
- GUARD RAIL TERMINAL END SECTION 4 000 EA
- RIGHT OF WAY MARKERS (TYPE I) 13 000 EA
- MAINTENANCE OF TRAFFIC LUMP SUM LS
- ADDITIONAL CONSTRUCTION SIGNS 0 000 SF
- REFLECTORIZED TRAFFIC OBJECT MARKER (ENCAPSULATED LENS) (TYPE 3) 4 000 EA
- REFLECTORIZED ADVANCED WARNING SIGN (ENCAPSULATED LENS) 2 000 EA

*Kathryn Tennille Portera*  
Kathryn Tennille Portera, Notary Public Clay County

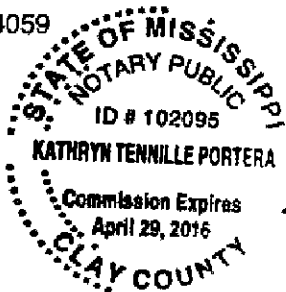
My commission expires April 29 2016

EROSION CONTROL ITEMS

- AGRICULTURAL LIMESTONE 2 360 TON
- COMMERCIAL FERTILIZER (13 13 13) 1 770 TON
- AMMONIUM NITRATE 1 180 TON
- SEEDING 2 360 AC
- VEGETATIVE MATERIALS FOR MULCH 4 720 TON

00000343 00005092 6624924059

Clay Co Board of Supervisors  
PO Box 815  
West Point, MS 39773



SOLID SODDING 200 000 SY  
TEMPORARY SILT FENCE 200 000 LF  
TEMPORARY EROSION CHECKS 20 000 BL  
LOOSE RIPRAP 100 LB 550 000 TON  
WATTLES 12" 200 000 LF

BRIDGE ITEMS

TEST PILE 2 000 EA  
CONVENTIONAL STATIC PILE LOAD TEST 0 000 EA  
12" STEEL PILING 1 570 000 LF  
14 PRE FORMED PILE HOLES 961 000 LF  
BRIDGE CONCRETE CLASS "A" 176 010 CY  
31 PRESTRESSED CONCRETE BEAM TYPE I+2 246 000 LF  
60 PRESTRESSED CONCRETE BEAM TYPE III 239 000 LF  
REINFORCEMENT 29 218 000 LB  
STRUCTURAL STEEL 6 575 000 LB  
CONCRETE RAILING 244 000 LF  
LOOSE RIPRAP 300 LB 460 000 TON  
GEOTEXTILE UNDER RIPRAP TYPE VII 852 000 SY

NOTICE TO CONTRACTORS

CONTRACT TIME 90 Working Days

BASIS OF AWARD

The award if made will be made to the lowest qualified bidder on the basis of published quantities

The attentions of the BIDDER is directed to the State and Federal laws governing selection of and employment of labor

MINIMUM WAGE RATES for this project have been predetermined by the Secretary of the Department of Labor in accordance with the requirements of Federal regulations governing the expenditure of FEDERAL AID HIGHWAY FUNDS and are set out in the labor regulations contained in the proposal

The Board of Supervisors hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to the advertisement, minority business enterprise will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race color or national origin in consideration for an award

PLANS AND SPECIFICATIONS are on file in the Office of the chancery Clerk of Clay county the County Engineer's office and the Office of the State Aid Engineer 412 E Woodrow Wilson Avenue Jackson Mississippi This project shall be constructed in accordance with the latest edition of the Mississippi Standard Specifications for State Aid Road and Bridge Construction

PLANS AND PROPOSALS may be secured from Robert L Calvert County Engineer for Clay County Mississippi P O Drawer 1078 West Point The Cost is seventy five dollars (\$75 00) for plans and seventy five dollars (\$75 00) for the proposal non-refundable

Certified check or bid bond for five percent (5%) of the total bid made payable to Clay County and the State of Mississippi must accompany each proposal

Bidders are hereby notified that any proposal accompanied by letters qualifying in any manner the condition under which the proposal is tendered will be considered an irregular bid and such proposal will not be considered in making the award

/s/Luke Lummus President  
Clay County Board of Supervisors

Publish August 24 2012  
August 31 2012

**IN THE MATTER OF TRANSFERRING \$1,000 00 TO THE DISTRICT 5  
ROAD FUND, NO 155, TO REIMBURSE THE COST OF THE TIN  
PURCHASED FOR THE OLD MONTE GLOVE BUILDING**

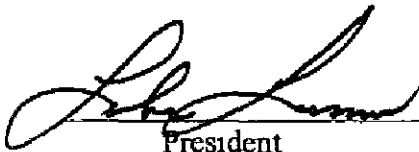
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There came on this day for consideration the matter of authorizing the transfer of \$1,000 00 to the District 5 Road Fund, No 155, to reimburse the cost of the tin purchased for the old Monte Glove building

It appears to this Board that as attached hereto as Exhibit "A" on December 10, 2010, Fund No 155, District 5 Road Fund, paid for the cost of the tin and supplies to be installed on the remaining standing portion of the old Monte Glove building and as attached hereto as Exhibit "B," due to wind damage in a storm which occurred August 1, 2012, the said tin blew off the standing portion of the old Monte Glove building, attached is a receipt warrant and remittance of the check received from One Beacon Insurance documenting insurance proceeds received in the amount of \$5,453 74 for replacement cost of the tin and supplies due to the storm damage

After motion by R B Davis and second by Shelton Deanes, this Board doth vote unanimously to transfer \$1,000 00 to Fund No 155, District 5 Road Fund, from Fund No 001, General County Fund, in order to reimburse the District 5 Road Fund for the cost of the tin and supplies incurred to install on the old Monte Glove building in December, 2010

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

12/10/2010

CLAY COUNTY

PAGE 24

155 DISTRICT 5 ROAD

INVOICES PAID BY CHECK # 53367 DATED 12/10/2010

VENDOR # 1334

CEDAR BLUFF COMMUNITY CENTER

ATTN PEGGY J WOOTEN

13045 HWY 50 WEST

CEDAR BLUFF

MS 39741-0000

---

CLAIM #	INVOICE#	DATE	FND-DPT-OBJ	DESCRIPTION	AMOUNT
1702	57689	12/01/2010	155-305-649	MAINT SUPPLIES & MAT	802 56
					802 56

Exhibit A

720

# Invoice

## Cedar Bluff Community Center

Att Peggy Wooten  
13045 Hwy 50 West  
Cedar Bluff, MS 39741

Ph  
Fax

Date 12/01/10  
Invoice # 57689  
PO# 29357  
Terms  
Shipped  
FOB



Bill To  
Clay County District 5  
P O Box 815  
West Point MS 39773  
Ph (662) 494-3124

*Floyd T Mcker*

Item	Date	Description	Hours	Unit Price	Amount	
	12/01/10	18 pcs 29' Green Tin		\$42 92	\$772 56	
	12/01/10	2 Ridge Caps Green		\$15 00	\$30 00	
Tin For Shed To Build Cover For Equipment						
Clay County, MS						
12-1-10						
12-1-10						
1334						
Cedar Bluff Comm						
57689						
<i>Floyd T Mcker</i>						
Inv Loc				12-1-10	Total Amount	\$802 56
PO				29357	Tax	
Fund				D 5	Shipping	
Exp #				155 305.649	Total Invoice	\$802 56
Amount				802.56	Payment	
Signature				<i>Floyd Mcker</i>	Balance Due	\$802 56

Message

*Road*

A



PURCHASE ORDER  
CLAY COUNTY  
WEST POINT, MS  
662-494-3124

Requisition # 13323

OPEN

PO #. 29357  
Date. 12/01/2010

Vendor #: 1334

Bill to  
CLAY COUNTY DISTRICT FIVE  
205 COURT ST  
P O. BOX 815  
WEST POINT MS 39773-0000

CEDAR BLUFF COMMUNITY CENTER  
ATTN PEGGY J WOOTEN  
13045 HWY 50 WEST  
CEDAR BLUFF MS 39741-0000

Ship to  
CLAY COUNTY DISTRICT 5  
205 COURT ST  
P O BOX 815  
WEST POINT MS 39773-0000

Bid Date

Contract Date

QUANTITY	DESCRIPTION	PRICE	TOTAL
18 00	PCS 29' TIN FOR SHED (GRE 155- -	42 92	772 56
2 00	RIDGE CAPS (GREEN) 155- -	15 00	30 00
	BUILD A COVER FOR EQUIPME 155- -		

TOTAL AMOUNT OF PURCHASE ORDER

802 56

  
Purchase Clerk

ORIGINAL DATE OF PRINT 12/01/2010 10 04 27

A

PURCHASE REQUISITION

CLAY COUNTY PURCHASING  
P O Box 815, County Courthouse  
West Point, MS 39773  
662-494-3313

Requisition 13323

Related Purchase Order No 29357

District 5  
County Department or Office

12-1-10  
Date

Budget to be Charged Floyd  
D.S.

ASAP  
Date Needed

Delivery to \_\_\_\_\_

D-5 Shed

Quantity Requested	Description of Items Requested	(For Purchase Clerk's Use Only)
18	pcs 29' Tin	
2	Ridge caps	

MY OFFICE PRODUCTS--TUPELO MS 38801

Approved Ginger Allen  
Authorized Signature

A

RECEIVING REPORT  
CLAY COUNTY  
West Point MS 39773

27597

Vendor C/O Cedar BLUFF  
Community Center

Date Received 12-1-2010

TO BE FILLED IN BY PURCHASE CLERK	
Purchase Requisition Number	<u>        </u>
Purchase Order Number	<u>29357</u>

Shipped From Cedar BLUFF

Shipped Via DIST 5

Quantity Received	Description of Commodities or Services Received
<u>18</u>	<u>PCS GREEN TIN</u>
<u>2</u>	<u>RIDGE CAPS</u>

Received By Robert L. Starks  
Receiving Clerk Inventory Custodian or Deputy

Agrees with Purchase Order Except as Noted  
Dennis D. Ware  
Clerk (Purchase Dept or Accounting Dept.)

**INSTRUCTIONS**

- 1 A receiving report shall be prepared and should be delivered (Copy 3) to the purchase clerk no later than noon on the third regular business day after receipt of the commodities or services
- 2 Copy 1 shall be sent to the clerk of the board of supervisors
- 3 Copy 2 shall be sent to the Requisitioning Department (or inventory control clerk if applicable)
- 4 The clerk of the board shall attach the purchase requisition purchase order and receiving report to the vendor s properly itemized invoice prior to entry upon the docket of claims.
- 5 Copy 4 shall be retained in the office of the receiving clerk

WHITE Clerk of Board of Supervisors / CANARY Requisition Department / BLUE Purchase Clerk File / PINK Office of Receiving Clerk

A

DEPOSITORY RECEIPTS  
CLAY COUNTY, MISSISSIPPI  
P O BOX 815

WEST POINT, MS 39773-0000

RECEIPT DATE 9/21/2012 NO 2012 23074  
RECEIPT DESCRIPTION INSURANCE PROCEEDS

PLEASE RECEIVE FROM ONE BEACON INSURANCE THE AMOUNT SET  
OPPOSITE THE RESPECTIVE FUNDS FOR THE ACCOUNT OF SAID FUNDS, TO-WIT AND  
DEPOSIT TO ACCOUNT NUMBER BELOW LEFT CORNER

001 GENERAL COUNTY			
000-375 INSURANCE PROCEEDS			5453 74
TOTAL FOR RECEIPT 2012	23074		5453 74

WITNESS MY SIGNATURE, THIS THE 21 DAY OF SEPTEMBER, 2012

DATED 9/21/12

AMY BERRY  
CHANCERY CLERK OF CLAY COUNTY  
BY [Signature]

Exhibit B



**OneBeacon<sup>SM</sup>**  
INSURANCE

188 INVERNESS DRIVE WEST  
SUITE 600  
ENGLEWOOD CO 80112

Mail to CLAY COUNTY BOARD OF SUPERVISOR  
PO Box 815  
West Point MS 39773 0815



**OneBeacon<sup>SM</sup>**  
INSURANCE

**EXPLANATION OF PAYMENT**

**TH25980-1**

PLEASE FORWARD ALL CORRESPONDENCE TO

OneBeacon Insurance Group  
188 INVERNESS DRIVE WEST  
SUITE 600  
ENGLEWOOD CO 80112  
866-725-5171

PAY TO CLAY COUNTY BOARD OF SUPERVISOR

AGENT Arthur J Gallagher Risk Manag  
PO Drawer 16447  
Jackson MS 39236

DATE ISSUED	09/17/2012
CHECK AMT	\$5 453 74
INSURED	CLAY COUNTY BOARD OF
POLICY NO	7910003400001
DATE/LOSS	08/01/2012
CLAIM NO	0AA 954685-01-01
CLAIM TYPE	EC BUILDING (MS)
CLAIMANT	CLAY COUNTY BOARD OF SUPERVISOR
ADJUSTER	JJ1F GWENDALINA SCHULTE

IN PAYMENT OF WIND DAMAGE LESS DEDUCTIBLE

5898 0308

B

726

NO \_\_\_\_\_

**IN THE MATTER OF AUTHORIZING PAYMENT FOR CERTAIN INVOICES**

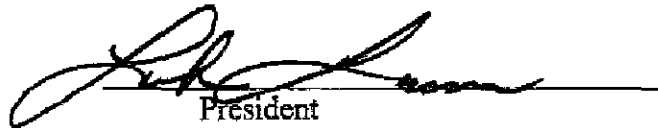
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There came on this day for consideration the matter of authorizing the payment of certain invoices

It appears to this Board as attached hereto as Exhibit "A" two (2) invoices have been presented for payment on the installation of Clay County Jail's server and software which this Board amended the budget for at a prior meeting and said invoices are in need of being paid in order to post against this year's FYE 09/30/12 budget

After motion by Lynn Horton and second by Floyd McKee, this Board doth vote unanimously to authorize payment for the two (2) invoices as attached hereto as Exhibit "A" in order for said expenditures to be posted against the FYE 09/30/12 budget

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

7:57

**COMMUNITY COUNSELING SERVICES**

**West Point Administrative Office**

**PO Box 1336**

**West Point, MS 39773**

**(662) 524-4347 Fax (662) 524-4364**

**STATEMENT**

Name <u>Clay County Sheriff's Department</u>		
Attn <u>Accounts Payable</u>		
Address <u>330 West Broad St</u>		
<u>West Point</u>	<u>MS</u>	<u>39773</u>
CITY	STATE	ZIP

<b>ACCOUNT NUMBER</b>	<b>STATEMENT DATE</b>
	September 10 2012

DATE	DESCRIPTION	CHARGES	UNITS	BALANCE
9/10/2012	HP Proliant Server	1 500 00	1 00	1 500 00
<b>PAY THIS AMOUNT</b> →				<b>\$1 500 00</b>
				<b>TOTAL AMOUNT DUE</b>

If You have any questions Please Call (662) 524-4347  
COMMUNITY COUNSELING SERVICES—West Point MS 39773

# INVOICE

DATE  
INVOICE #

9/16/2012  
inv00256

PO Box 734  
West Point, MS 39773  
Phone 662 275 8809  
dac@dacjones.org

**BILL TO:**

Clay County Sheriff Dept  
330 West Broad St  
West Point, MS 39773

**SHIP TO (if different):**

SALESPERSON	P.O. #	SHIP DATE	SHIP VIA	F.O.B.	TERMS
Dac Jones					

ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
LA001d	Labor Hours	14	65 00	910 00
				0 00
				0 00
				0 00
				0 00
				0 00
				0 00
				0 00
				0 00
				0 00
				0 00
				0 00
				0 00
				0 00
				0 00

**Other Comments or Special Instructions:**  
Setup and configuration of HP Proliant server  
Configuration of RAID array  
Setup, configuration, updating of Windows Server 2003 R2 x64 OS  
Installation and attaching of server to CCSO domain

SUBTOTAL	\$910 00
TAX RATE	0 000%
TAX	\$0 00
S & H	\$0 00
OTHER	\$0 00
<b>TOTAL</b>	<b>\$910 00</b>

Please make all checks payable  
**Dac Jones**

If you have any questions about this invoice, please contact  
Dac Jones | 662 275 8809 | dac@dacjones.org  
**Thank You For Your Business!**

729



NO \_\_\_\_\_

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

---

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

It appears to this Board that the attached Exhibit A reflects the gross fee income of Constable Sherman Ivy and Constable Lewis Stafford for the month of September 2012 as submitted by the Justice Court Clerk, and

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

After motion by Shelton Deanes and second by Floyd McKee this Board doth vote unanimously to have the Chancery Clerk transfer \$ 588 02 to the Payroll Clearing Account to be remitted to the Public Employees' Retirement System on behalf of the Clay County Constables and to pay Sherman Ivy \$ 3,091 65 and Lewis Stafford \$ 1,360 33 as net fee income after the Public Employees' Retirement System deduction withheld for the month of September 2012

SO ORDERED this the 27<sup>th</sup> day of September, 2012



\_\_\_\_\_  
President

**Calculation of Estimated Contributions/Wages For Constables  
September 2012**

**Calculation**

	<b>Lewis Stafford</b>	<b>Sherman Ivy</b>
Gross Fee Income *	\$1,540 00	\$3,500 00 (Input)
Minimum Withholding Rate	11%	11%
Estimated Contributions	<u>\$169 40</u>	<u>\$385 00</u>
Estimated Contributions	\$169 40	\$385 00
Divided by PERS EE/ER	21 93%	21 93%
Estimated Wages To Be Reported To PERS	<u>\$772 46</u>	<u>\$1,755 59</u>
Estimated Wages	\$772 46	\$1,755 59
Multiplied by PERS EE Rate	9 00%	9 00%
Estimated PERS EE Contributions	<u>\$69 52</u>	<u>\$158 00</u>
Estimated Wages	\$772 46	\$1,755 59
Multiplied by PERS ER Rate	14 26%	14 26%
Estimated PERS ER Contributions	<u>\$110 15</u>	<u>\$250 35</u>

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

Estimated Wages	\$772 46	\$1,755 59	
Estimated PERS EE Contributions	\$69 52	\$158 00	227 52
Estimated PERS ER Contributions	\$110 15	\$250 35	360 50
Total Estimated Contributions	<u>\$179 67</u>	<u>\$408 35</u>	

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

Gross Fee Income	\$1,540 00	\$3,500 00
Less Total Estimated PERS EE/ER Contributions	<u>\$179 67</u>	<u>\$408 35</u>
Net Gross	<u>\$1,360 33</u>	<u>\$3,091 65</u>

Need an order to transfer to Payroll Clearing fund \$ 588 02 to remit with Retirement Contributions

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

NO \_\_\_\_\_

**IN THE MATTER OF AWARDING THE CONSTRUCTION CONTRACT FOR  
THE ELMORE ROAD BOX BRIDGE AND APPROACHES PROJECT NO  
BR-0013(49)BO TO PHILLIPS CONTRACTING COMPANY, INC**

---

There came on this day for consideration the matter of awarding the construction contract for the Elmore Road Box Bridge and Approaches Project No BR-0013(49)BO to Phillips Contracting Company, Inc

It appears to this Board that earlier in this meeting the construction bids for this project were taken under advisement and the County Engineer, Robert Calvert, has had sufficient time to review said bids and is recommending for this Board to award the construction contract to Phillips Contracting Company, Inc of Columbus, Mississippi in the amount of \$671,883 51

After motion by R B Davis and second by Shelton Deanes, this Board doth vote unanimously to award the construction contract for the Elmore Road Box Bridge and Approaches Project No BR-0013(49)BO to Phillips Contracting Company, Inc of Columbus, Mississippi in the amount of \$671,883 51 and authorizes the Board President to execute the supplemental agreement for the said project

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

# 662,433.50  
estimated

3 Bids  
Received

**BID SHEET**

Clay County Board of Supervisors  
Elmore Road - Box Bridge and Approaches  
BR-0013(49)BO

September 27, 2012  
10 00 a m

CSE # 210002

<u>CONTRACTOR</u>	<u>TOTAL BASE BID</u>
Ausbern Construction Inc License No 08212-MC	\$ _____
JJ Ferguson Sand and Gravel Inc License No 04991-SC	\$ _____
Magco Inc License No 09218-MC	\$ _____
Phillips Contracting Company Inc License No 00229-MC	\$ <u>671,883.51</u>
Prairie Construction LLC License No 11768-MC	\$ <u>709,457.02</u>
Colom Construction Inc License No 05993-MC	\$ _____
Riverside Traffic Inc License No 07122-SC	\$ _____
Southern Civil Inc License No 17826-SC	\$ _____
Rutledge Contractors Inc License No 05499-MC	\$ <u>1,059,365.95</u>
Gulf Coast PreStress	\$ _____

# Affidavit of Publication

STATE OF MISSISSIPPI }  
COUNTY OF CLAY } SS

OFFICE OF STATE AID ROAD CONSTRUCTION  
MISSISSIPPI DEPARTMENT OF TRANSPORTATION  
AND  
CLAY COUNTY BOARD OF  
SUPERVISORS

Natasha Watson being duly sworn says

SECTION 900

That she is bookkeeper of the Daily Times Leader a daily newspaper of general circulation printed and published in West Point, Clay County, Mississippi that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates

NOTICE TO CONTRACTORS

August 24, 2012 August 31 2012

Sealed bids will be received by the Board of Supervisors of Clay County Mississippi at the Clay County Courthouse West Point Mississippi until 10:00 am on the 27th day of September 2012 and shortly thereafter publicly opened for the construction of 0.198 miles of BRIDGE AND APPROACHES on the ELMORE ROAD being known as Project No BR-0013 (49)BO in Clay County Mississippi

PRINCIPAL ITEMS OF WORK ARE APPROXIMATELY AS FOLLOWS

That said newspaper was regularly issued and circulated on those dates

ITEM QUANTITY UNIT

SIGNED

*Natasha Watson*

bookkeeper

- ROADWAY ITEMS
- MOBILIZATION LUMP SUM LS
- CLEARING AND GRUBBING LUMP SUM LS
- REMOVAL OF BRIDGE (STA. 33+32) 1 000 UN
- UNCLASSIFIED EXCAVATION (FM) 469 000 CY
- EXCESS EXCAVATION (FM) 11,456 000 CY
- GEOTEXTILE FABRIC STABILIZATION (TYPE VII) (AOS 0 15-0 21) 1 212 000 SY
- GEOGRID TYPE II (BIAXIAL) 8 999 000 SY
- GRANULAR MATERIAL (LVM) (CLASS 3 GROUP B) 2 082 000 CY
- GRANULAR MATERIAL (LVM) CLASS 9 GROUP C) 4 825 000 CY
- CLASS B STRUCTURAL CONCRETE MINOR STRUCTURES 3 920 CY
- REINFORCING STEEL, 97 000 LB
- 18" REINFORCED CONCRETE PIPE CLASS III 32 000 LF
- 24" REINFORCED CONCRETE PIPE CLASS III 160 000 LF
- 36" REINFORCED CONCRETE PIPE CLASS III 32 000 LF
- 24" REINFORCED CONCRETE PIPE END SECTION 2 000 EA
- 36" REINFORCED CONCRETE PIPE END SECTION 2 000 EA
- 36" PIPE REMOVED AND RELAID (REINFORCED CONCRETE) 8 000 LF
- 24" END SECTION REMOVED AND RELAID (REINFORCED CONCRETE) 2 000 EA
- 36" END SECTION REMOVED AND RELAID (REINFORCED CONCRETE) 1 000 EA
- FILTER MATERIAL FOR FILTER BEDS TYPE B 100 000 CY
- GUARD RAIL, W BEAM 175 000 LF
- GUARD RAIL, BRIDGE END SECTION TYPE I THRIE BEAM 4 000 EA
- GUARD RAIL TERMINAL END SECTION 4 000 EA
- RIGHT-OF WAY MARKERS (TYPE I) 13 000 EA
- MAINTENANCE OF TRAFFIC LUMP SUM LS
- ADDITIONAL CONSTRUCTION SIGNS 0 000 SF
- REFLECTORIZED TRAFFIC OBJECT MARKER (ENCAPSULATED LENS) (TYPE 3) 4 000 EA
- REFLECTORIZED ADVANCED WARNING SIGN (ENCAPSULATED LENS) 2 000 EA

Subscribed to and sworn to me this 31st day of August 2012

*Patricia Renee Ponds*



00000343 00005092 66249  
Clay Co Board of Supervisors  
PO Box 815  
West Point MS 39773

- EROSION CONTROL ITEMS
- AGRICULTURAL LIMESTONE 2 360 TON
- COMMERCIAL FERTILIZER (13 13 13) 1 770 TON
- AMMONIUM NITRATE 1 180 TON
- SEEDING 2 360 AC
- VEGETATIVE MATERIALS FOR MULCH 4 720 TON

SOLID SODDING 200 000 SY  
TEMPORARY SILT FENCE 200 000 LF  
TEMPORARY EROSION CHECKS 20 000 BL  
LOOSE RIPRAP 100 LB 550 000 TON  
WATTLES 12" 200 000 LF

**BRIDGE ITEMS**

TEST PILE 2 000 EA  
CONVENTIONAL STATIC PILE LOAD TEST 0 000 EA  
12" STEEL PILING 1 570 000 LF  
14" PRE-FORMED PILE HOLES 961 000, LF  
BRIDGE CONCRETE, CLASS "A", 176 010 CY  
31' PRESTRESSED CONCRETE BEAM TYPE I+2, 246 000 LF  
60' PRESTRESSED CONCRETE BEAM TYPE III 239 000 LF  
REINFORCEMENT 29 218 000, LB  
STRUCTURAL STEEL 6 575 000 LB  
CONCRETE RAILING 244 000 LF  
LOOSE RIPRAP 300 LB 460 000 TON  
GEOTEXTILE UNDER RIPRAP TYPE VII 852 000 SY

**NOTICE TO CONTRACTORS**

CONTRACT TIME 90 Working Days

**BASIS OF AWARD**

The award if made will be made to the lowest qualified bidder on the basis of published quantities

The attentions of the BIDDER is directed to the State and Federal laws governing selection of and employment of labor

MINIMUM WAGE RATES for this project have been predetermined by the Secretary of the Department of Labor in accordance with the requirements of Federal regulations governing the expenditure of FEDERAL AID HIGHWAY FUNDS and are set out in the labor regulations contained in the proposal

The Board of Supervisors hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to the advertisement minority business enterprise will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race color or national origin in consideration for an award

PLANS AND SPECIFICATIONS are on file in the Office of the chancery Clerk of Clay county the County Engineer's office and the Office of the State Aid Engineer 412 E Woodrow Wilson Avenue Jackson Mississippi. This project shall be constructed in accordance with the latest edition of the Mississippi Standard Specifications for State Aid Road and Bridge Construction

PLANS AND PROPOSALS may be secured from Robert L. Calvert, County Engineer for Clay County Mississippi P O Drawer 1078 West Point. The Cost is seventy five dollars (\$75 00) for plans and seventy five dollars (\$75 00) for the proposal non-refundable

Certified check or bid bond for five percent (5%) of the total bid made payable to Clay County and the State of Mississippi must accompany each proposal

Bidders are hereby notified that any proposal accompanied by letters qualifying in any manner the condition under which the proposal is tendered will be considered an irregular bid and such proposal will not be considered in making the award

/s/Luke Lummus President  
Clay County Board of Supervisors

Publish August 24 2012  
August 31 2012

ORDER OF Clay COUNTY BOARD OF SUPERVISORS AWARDING  
CONTRACT AND ESTABLISHING PROJECT FUND FOR THE ABOVE NUMBERED PROJECT

WHEREAS We, the Board of Supervisors of Clay County, Mississippi, having advertised for bids on the above numbered project and proofs of publication of said advertisement having been filed with the Clerk of the Board of Supervisors in the manner and form required by statute, and

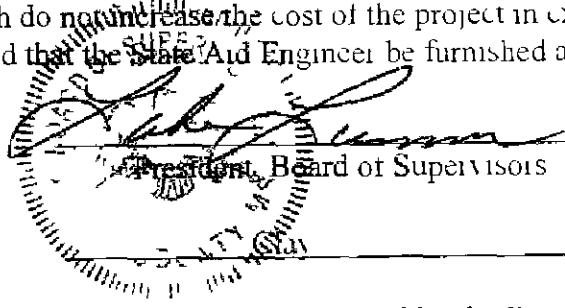
WHEREAS, said Board has on this the 27 day of SEPTEMBER, 2012, received and opened bids on said project, and

WHEREAS, the lowest regular bid having been submitted by PHILLIPS CONTRACTING Co, Inc of COLUMBUS, MISSISSIPPI in the amount of \$- 671,883.51 - - -

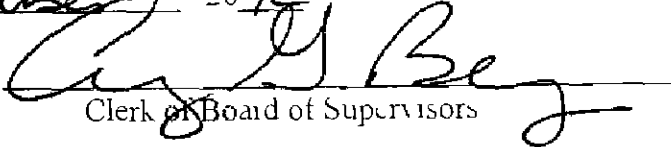
NOW, THEREFORE IT IS HEREBY ORDERED by the Board of Supervisors of Clay County that the contract be awarded to PHILLIPS CONTRACTING Co, Inc subject to approval of the State Aid Engineer, and that the President of the Board be and he is hereby authorized to execute the contract with the Contractor after a satisfactory performance bond has been furnished

IT IS FURTHER ORDERED that the project fund in the amount of \$ 705,500.00 (including 5% contingencies) be established by transferring Bridge Replacement Funds in the amount of \$ 705,500.00 now available to Clay County and State Aid Funds in the amount of \$ 0.00 to the State Highway Fund and earmarked for this project The State Aid Engineer is authorized to transfer additional State Aid Funds to cover engineering costs in the amount of \$ 80,700.00 (limited to 12% of contract construction costs) The State Aid Engineer is authorized in case of unexpected overruns in costs to transfer additional State Aid Funds limited to 10% of the final construction costs

IT IS FURTHER ORDERED that the President of the Board is hereby authorized to execute Supplemental Agreements to the original contract which do not increase the cost of the project in excess of the project funds established by the Board It is also ordered that the State Aid Engineer be furnished a certified copy of this order

  
\_\_\_\_\_  
President, Board of Supervisors  
\_\_\_\_\_  
County

This is to certify that the foregoing is a true and correct copy of an order passed by the Board of Supervisors of CLAY County Mississippi, entered upon the minutes of said Board of Supervisors Minute Book No \_\_\_\_\_ Page No \_\_\_\_\_, same having been adopted at a meeting of said Board of Supervisors on the 27th day of September 2012

  
\_\_\_\_\_  
Clerk of Board of Supervisors  
\_\_\_\_\_  
Clay County

**Contracting Co., Inc.**

PO Box 2069

umbus, MS 39704

Certificate of Responsibility # 229

737

Bid Submitted To Board of Supervisors of Clay Co  
Clay Co Courthouse  
West Point, Ms

BR 0013(49) BO  
Bridge & Approaches  
Elmore Rd. Clay Co.  
Miss Co Board of Supervisors

Amy G. Berry

12 SEP 27 AM 9 47

CLAY COUNTY  
WEST POINT MISS  
Y 01



# BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we

Phillips Contracting Co , Inc  
P O Box 2069 Columbus, MS 39704-2069  
as Principal, hereinafter called the Principal, and  
Fidelity and Deposit Company of Maryland  
1400 American Lane Tower I, 18th Floor Schaumburg IL 60196-1056  
a corporation duly organized under the laws of the State of MD

as Surety, hereinafter called the Surety, are held and firmly bound unto  
Clay County and the State of Mississippi  
P O Box 1850 Jackson MS 39215-1850  
as Obligee, hereinafter called the Obligee, in the sum of Five Percent of Amount Bid

Dollars (\$ 5% )

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs , executors, administrators successors and assigns, jointly and severally, firmly by these presents

WHEREAS the Principal has submitted a bid for  
the construction of Project No BR-0013(49)BO, Clay County

NOW THEREFORE the condition of this obligation is such that if the aforesaid Principal shall be awarded the contract the said Principal will, within the time required enter into a formal contract and give a good and sufficient bond to secure the performance of the terms and conditions of the contract, then this obligation to be void, otherwise the Principal and Surety will pay unto the Obligee the difference in money between the amount of the bid of the said Principal and the amount for which the Obligee legally contracts with another party to perform the work if the latter amount be in excess of the former, but in no event shall liability hereunder exceed the penal sum hereof


Signed and sealed this 27th day of September A.D 2012

Phillips Contracting Co Inc

(Principal)

(Seal)

By

  
President (Title)

Fidelity and Deposit Company of Maryland

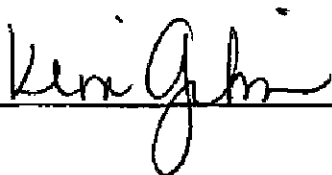
(Surety)

(Seal)

By

  
Peggy L Jackson (Attorney-in-Fact)

Bottrell Insurance  
Mississippi Resident Agent



(Witness)



Trina Cobb

(Witness)

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herem collectively called the "Companies"), by **Geoffrey Delisio, Vice President**, in pursuance of authority granted by Article V Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Peggy L Jackson its true and lawful agent and Attorney-in-Fact, to make, execute seal and deliver, for, and on its behalf as surety, and as its act and deed any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland, in their own proper persons

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 17th day of May, A.D. 2012

ATTEST

ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND



By: Gerald F Haley  
*Assistant Secretary*  
**Gerald F Haley**

Geoffrey Delisio  
*Vice President*  
**Geoffrey Delisio**

State of Maryland

County of Baltimore

On this 17th day of May, A.D. 2012, before the subscriber a Notary Public of the State of Maryland, duly commissioned and qualified, **Geoffrey Delisio, Vice President and Gerald F Haley, Assistant Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed my Official Seal the day and year first above written

Constance A. Dunn

Constance A. Dunn, Notary Public  
My Commission Expires July 14 2015



PROPOSAL

Date September 27, 2012

Proposal of Phillips Contracting Co., Inc.  
of Columbus, Ms

for constructing the following designated project within the time hereinafter specified.

The Plans are composed of drawings and blue prints on file in the offices of the Chancery Clerk of Clay  
County at West Point Mississippi

The Specifications are the currently approved Standard Specifications of the Office of State Aid Road Construction of the Mississippi Department of Transportation and the Federal Highway Administration, except where superseded or amended by Special Provisions and Revisions of the Specifications attached hereto and made a part thereof

Board of Supervisors  
Clay County West Point Mississippi

Sirs The following is made on behalf of Phillips Contracting Co., Inc.  
PO Box 2069  
Columbus, Ms 39704

(Names and addresses of those interested)

and no others Evidence of my (our) authority to submit the Proposal is hereby furnished. The Proposal is made without collusion on the part of any person, firm or corporation. I (we) certify that I (we) have carefully examined the Plans and the Specifications including the Special Provisions and Revisions herein, and have personally examined the site of the work. On the basis of the Specifications Special Provisions Revisions and Plans I (we) propose to furnish all necessary machinery tools apparatus and other means of construction and do all the work and furnish all the materials in the manner specified I (we) understand that the quantities mentioned below are approximate only and are subject to either increase or decrease and hereby propose to perform any increased or decreased quantities of work at the unit prices bid.

The following is my (our) itemized Proposal

SECTION 902--Proposal(Continued)

In the event of award of the Contract to me (us) under this Proposal, I (we) contemplate the sub-contracting of the following items, to the persons or firms named after each item in accordance with Special Provisions providing for the sub-contracting attached hereto if such sub-contracting thereof is approved by the Board of Supervisors and the State Aid Engineer. In the event of disapproval of such sub-contracting, I (we) agree to perform such item or items of work with my (our) own organization, in full compliance with all applicable terms of this Proposal.

NOTE Bidder will insert below a list of the specific Pay Items and Quantities thereof which he proposes to sub-contract, and the names and addresses of the persons or firms to whom he proposes to sub-contract each Item

Pay Item No \_\_\_\_\_ (quantity) \_\_\_\_\_ of \_\_\_\_\_ (description) \_\_\_\_\_  
to \_\_\_\_\_ of \_\_\_\_\_

Pay Item No \_\_\_\_\_ (quantity) \_\_\_\_\_ of \_\_\_\_\_ (description) \_\_\_\_\_  
to \_\_\_\_\_ of \_\_\_\_\_

Pay Item No \_\_\_\_\_ (quantity) \_\_\_\_\_ of \_\_\_\_\_ (description) \_\_\_\_\_  
to \_\_\_\_\_ of \_\_\_\_\_

Pay Item No \_\_\_\_\_ (quantity) \_\_\_\_\_ of \_\_\_\_\_ (description) \_\_\_\_\_  
to \_\_\_\_\_ of \_\_\_\_\_

Pay Item No \_\_\_\_\_ (quantity) \_\_\_\_\_ of \_\_\_\_\_ (description) \_\_\_\_\_  
to \_\_\_\_\_ of \_\_\_\_\_

Pay Item No \_\_\_\_\_ (quantity) \_\_\_\_\_ of \_\_\_\_\_ (description) \_\_\_\_\_  
to \_\_\_\_\_ of \_\_\_\_\_

Pay Item No \_\_\_\_\_ (quantity) \_\_\_\_\_ of \_\_\_\_\_ (description) \_\_\_\_\_  
to \_\_\_\_\_ of \_\_\_\_\_

Pay Item No \_\_\_\_\_ (quantity) \_\_\_\_\_ of \_\_\_\_\_ (description) \_\_\_\_\_  
to \_\_\_\_\_ of \_\_\_\_\_

Pay Item No \_\_\_\_\_ (quantity) \_\_\_\_\_ of \_\_\_\_\_ (description) \_\_\_\_\_  
to \_\_\_\_\_ of \_\_\_\_\_

I hereby certify that the persons or firms are named above as sub-contractors with the knowledge and consent of the persons or firms named.

Signed \_\_\_\_\_

By WR Phillips IV *WR Phillips IV*  
Phillips Contracting Co Inc

In the event of the award of this contract to the above named bidder, for the performance of the work, and in the further event that the sub-contractor(s) named herein are approved by the Board of Supervisors and the State Aid Engineer the sub-contractor or sub-contractors shall execute the following

I (we) hereby certify that the use of our names as sub-contractors on the above items was and is with our knowledge and consent

\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ 20 \_\_\_\_\_

SECTION 902 - Proposal (Continued)

I (we) further propose to perform all 'force account or extra work' that may be required of me (us) on the basis provided in the Specifications and to give such work my (our) personal attention in order to see that it is economically performed

I (we) further propose to execute the attached contract agreement (Section 903) as soon as the work is awarded to me (us) and to begin and complete the work within the time limit provided for in the Specifications and Notice to Contractors I (we) also propose to execute the attached contract bond (Section 904) in an amount not less than one hundred (100) per cent of the total of my (our) bid This bond shall not only serve to guarantee the completion of the work on my (our) part but also to guarantee the excellence of both workmanship and materials until the work is finally accepted.

I (we) enclose a certified check (bid bond) for five percent (5% of bid) (\$ 5% of bid) dollars and hereby agree that in case of my (our) failure to execute the contract and furnish bond with FIFTEEN (15) days after notice of award, the amount of this check (bid bond) will be forfeited to the County of Clay State of Mississippi as liquidated damages arising out of my (our) failure to execute the contract as proposed It is understood that in case I am (we are) not awarded the work the check will be returned as provided in the Specifications

Respectfully submitted,

[Signature]  
Signed  
By Phillips Contracting Co. Inc  
Title President  
Address PO Box 2069 Columbus, MS 39704

Date 9-27 20 12

(To be filled in if a corporation)

Our corporation is chartered under the Laws of the State of Mississippi and the names, titles and business addresses of the executives are as follows

<u>W. R. Phillips IV</u> President	<u>Columbus, MS</u> Address
<u>Stuart Phillips</u> Secretary	<u>Columbus, MS</u> Address
<u>Stuart Phillips</u> Treasurer	<u>Columbus, MS</u> Address

**Proposal Guaranty**

Insert here or attach hereto certified check or Proposal Guaranty Bond in the amount as required in the Notice to Contractors

Each agent representing such Surety Company must file with the contracting county his power of attorney duly executed by said Surety Company

For the construction of BRIDGE AND APPROACHES on 0.198 mile(s) of county road known as ELMORE ROAD in Clay County Mississippi under Federal Aid Bridge Replacement Project No BR 0013(49)BO

I (We) agree to complete the entire project within 90 Working Days

\*\*\*SPECIAL NOTICE TO BIDDERS\*\*\*

BIDS WILL NOT BE CONSIDERED UNLESS BOTH UNIT PRICES AND ITEM TOTALS ARE ENTERED

Ref No	Pay Item No	Description	Approx Quantity	Unit	Unit Price		Item Total	
					Dollars	Cents	Dollars	Cents
Roadway Items								
1	S-200 A	MOBILIZATION	Lump Sum	LS	XXXXXXXXXX	XXXXXXXXXX	30,000	00
2	S 201 A	CLEARING AND GRUBBING	Lump Sum	LS	XXXXXXXXXX	XXXXXXXXXX	30,000	00
3	S-202-B	REMOVAL OF BRIDGE (STA 33+32)	1 000	UN	9000	00	9000	00
4	S 203 A	UNCLASSIFIED EXCAVATION (FM)	469 000	CY	4	00	1876	00
5	S 203-H	EXCESS EXCAVATION (FM)	11 456 000	CY	4	00	45,824	00
6	S-232-A	GEOTEXTILE FABRIC STABILIZATION (TYPE VII) (AOS 0 15-0 21)	1,212 000	SY	4	50	5454	00
7	S 240 A	GFOGRID TYPE II (BIAXIAL)	8 999 000	SY	3	50	31,496	50
8	S-304 A	GRANULAR MATERIAL (LVM) (CLASS 3 GROUP B)	2 082 000	CY	18	00	37,476	00
9	S 304 A	GRANULAR MATERIAL (LVM) (CLASS 9 GROUP C)	4 825 000	CY	12	00	57,900	00
10	S 601 B	CLASS B STRUCTURAL CONCRETE MINOR STRUCTURES	3 920	CY	2000	00	7840	00
11	S 602 A	REINFORCING STEEL	97 000	LB	5	00	485	00
12	S-603 C A	18" REINFORCED CONCRETE PIPE CLASS III	32 000	LF	37	00	1184	00
13	S 603-C A	24 REINFORCED CONCRETE PIPE CLASS III	160 000	LF	48	00	7680	00
14	S-603 C A	36" REINFORCED CONCRETE PIPE CLASS III	32 000	LF	83	00	2656	00
15	S 603 C B	24 REINFORCED CONCRETE PIPE END SECTION	2 000	EA	780	00	1560	00
16	S 603-C-B	36 REINFORCED CONCRETE PIPE END SECTION	2 000	EA	1275	00	2550	00
17	S 603 R B	36 PIPE REMOVED AND RELAID (REINFORCED CONCRETE)	8 000	LF	50	00	400	00

714

Ref No	Pay Item No	Description	Approx Quantity	Unit	Unit Price		Item Total	
					Dollars	Cents	Dollars	Cents
18	B 603-R C	24' END SECTION REMOVED AND RELAID (REINFORCED CONCRETE)	2 000	EA	400	00	800	00
19	B 603-R C	36" END SECTION REMOVED AND RELAID (REINFORCED CONCRETE)	1 000	EA	500	00	500	00
20	B 605 X-1	FILTER MATERIAL FOR FILTER BEDS TYPE B	100 000	CY	25	00	2500	00
21	B-606-B	GUARD RAIL W BEAM	175 000	LF	15	00	2625	00
22	B-606 D	GUARD RAIL BRIDGE END SECTION TYPE "I" THREE-BEAM	4 000	EA	1450	00	5800	00
23	B 606-E	GUARD RAIL TERMINAL END SECTION	4 000	EA	1800	00	7200	00
24	B-617 A	RIGHT-OF-WAY MARKERS (TYPE I)	13 000	EA	100	00	1300	00
25	B 618 A	MAINTENANCE OF TRAFFIC	Lump Sum	LS	XXXXXXXXXX	XXXXXXXXXX	4000	00
26	B 618-B	ADDITIONAL CONSTRUCTION SIGNS	0 000	SF	10	00	0	00
27	B-630-C	REFLECTORIZED TRAFFIC OBJECT MARKER (ENCAPSULATED LENS) (TYPE 3)	4 000	EA	50	00	200	00
28	B 630-F	REFLECTORIZED ADVANCED WARNING SIGN (ENCAPSULATED LENS)	2 000	EA	140	00	280	00
Subtotal Roadway Items							298,586	50
Erosion Control Items								
29	B01-S 212-A	AGRICULTURAL LIMESTONE	2 360	TON	100	00	236	00
30	B-212 B	COMMERCIAL FERTILIZER (13 13 13)	1 770	TON	900	00	1593	00
31	B 212 F	AMMONIUM NITRATE	1 180	TON	1000	00	1180	00
32	B 214 A	SEEDING	2 360	AC	900	00	2124	00
33	B 215-A	VEGETATIVE MATERIALS FOR MULCH	4 720	TON	225	00	1062	00
34	B 226 A	SOLID SODDING	200 000	SY	5	00	1000	00
35	B 233 A	TEMPORARY SILT FENCE	200 000	LF	3	75	750	00
36	B-235 A	TEMPORARY EROSION CHECKS	20 000	BL	8	00	160	00
37	B-815 A	LOOSE RIPRAP 100 LB	550 000	TON	50	00	27,500	00
38	B07 237-A	WATTLES 12	200 000	LF	3	75	750	00
Subtotal Erosion Control Items							36,355	00

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Ref No	Pay Item No	Description	Approx Quantity	Unit	Unit Price		Item Total	
					Dollars	Cents	Dollars	Cents
Bridge Items								
39	S 803 A	TEST PILE	2 000	EA	5000	00	10,000	00
40	S 803 B	CONVENTIONAL STATIC PILE LOAD TEST	0 000	EA	4 000	00	0	00
41	S-803-E	12" STEEL PILING	1 570 000	LF	50	00	78,500	00
42	S 803 F	14 PRE FORMED PILE HOLES	961 000	LF		01	9	61
43	901 S 804-A	BRIDGE CONCRETE CLASS "A"	174 650	CY	650	00	113,522	50
44	901-S-804 C	31' PRESTRESSED CONCRETE BEAM TYPE I+2	246 000	LF	110	00	27,060	00
45	901-S-804 C	60 PRESTRESSED CONCRETE BEAM TYPE III	239 000	LF	125	00	29,875	00
46	S-805 A	REINFORCEMENT	29 194 000	LB		85	24,814	90
47	S 810 A	STRUCTURAL STEEL	6 575 000	LB	2	00	13,150	00
48	S-813-A	CONCRETE RAILING	244 000	LF	54	00	13,176	00
49	S 815 A	LOOSE RIPRAP 300 LB	460 000	TON	50	00	23,000	00
50	S 815-E	GEOTEXTILE UNDER RIPRAP TYPE VII	852 000	SY	4	50	3834	00
Subtotal Bridge ITEMS Items							336,942	01
Total Bid							671,883	51

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The Established Contract Goal is 3 (%) percent for Disadvantaged Business Enterprises

The bidder hereby gives assurance pursuant to the applicable requirements of "Safe, Accountable, Flexible, Efficient Transportation Equity Act, A Legacy For Users (SAFETEA-LU)" and "Part 26, Title 49, Code of Federal Regulations" that the bidder has made a good faith effort to meet the contract goal for DBE participation for which the proposal is submitted

All prospective bidders are hereby notified that failure to meet the above listed goals could cause the contract not to be awarded to the apparent successful low bidder

I/We agree to subcontract the Established Contract Goal percentage stated above to small business concerns owned and controlled by socially and economically disadvantaged individuals

OR (Check appropriate)

I/we propose to subcontract \_\_\_\_\_% of this contract to a small business concern owned and controlled by socially and economically disadvantaged individuals and have submitted herewith that information which will satisfy State Aid that adequate good faith efforts were made to meet the contract goal (see Notice to Bidders No 4)

Bidder is a small business concern DBE

This is a joint venture bid in which one or more of the participants is a small business concern DBE

Respectfully Submitted Phillips Contracting Co. Inc

By [Signature]

Title President

NOTE FAILURE TO SIGN THIS PART OF PROPOSAL SHALL BE CAUSE FOR REJECTION OF THE BID DBE CONTRACTORS MUST BE INCLUDED ON THE MISSISSIPPI DEPARTMENT OF TRANSPORTATION LIST OF CERTIFIED DBE CONTRACTORS INCLUDED IN THIS PROPOSAL

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NO \_\_\_\_\_

**IN THE MATTER OF AUTHORIZING THE PAYMENT OF  
UNEMPLOYMENT FOR CERTAIN FORMER COUNTY EMPLOYEES**

---

There came on this day for consideration the matter of authorizing payment of unemployment for certain former County employees

After motion by R B Davis and second by Lynn Horton, this Board doth vote unanimously to pay the unemployment expense in the amount of \$675 00 for each claimant listed in the attached Exhibit "A" and to expense the appropriate funds budget

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President

MISSISSIPPI DEPARTMENT OF EMPLOYMENT SECURITY

POST OFFICE BOX 1699  
JACKSON MISSISSIPPI 39215 1699

STATEMENT OF BENEFITS PAID TO CLAIMANTS AND CHARGED TO  
REIMBURSABLE ACCOUNT INDICATED BELOW

NAME OF FIRM	ACCOUNT NUMBER	STEN NO.	QUARTER ENDING
	92-00091	000	06/30/2012

CLAY COUNTY OFFICE OF BOARD OF  
SUPERVISORS  
PO BOX 815  
WEST POINT MS 39773

THE FOLLOWING BENEFIT PAYMENTS ARE CHARGED TO YOU FOR THE ABOVE PERIOD UNDER YOUR ELECTION TO REIMBURSE THE FUND FOR BENEFITS PAID THIS AMOUNT IS TO BE PAID WITHIN FORTY FIVE (45) DAYS AFTER THIS STATEMENT IS MAILED INTEREST ON PAST DUE PAYMENTS WILL ACCRUE AT THE RATE OF ONE PERCENT PER MONTH BEGINNING FORTY FIVE (45) DAYS AFTER THE DATE THIS STATEMENT WAS MAILED

DATE MAILED 07/25/2012

CLAIMANT'S NAME	SOCIAL SECURITY NO	BENEFITS PAID	AMOUNT CHARGED
ROBERT IVY	432-06-7788	\$ 675 00	\$ 675 00

REIMBURSEMENT IS DUE FOR THE FOLLOWING AMOUNT -- - - - - ► \$ 675 00

REMIT PAYMENT  
MDES  
ATTENTION TAX DEPARTMENT  
P O BOX 22781  
JACKSON MISSISSIPPI 39225-2781

INQUIRIES ABOUT CHARGES  
MDES  
ATTENTION BENEFITS DEPARTMENT  
P O BOX 23088  
JACKSON MISSISSIPPI 39225 3088

NOTE IF YOU THINK THAT THIS STATEMENT IS INCORRECT BECAUSE OF SOME ERROR AN APPLICATION FOR REVIEW AND REDETERMINATION MUST BE MADE WITHIN FIFTEEN (15) DAYS AFTER DATE OF MAILING WHICH APPEARS ABOVE

\*\*\* PLEASE RETURN A COPY OF THIS STATEMENT WITH YOUR REMITTANCE, \*\*\*  
OR WITH INQUIRIES REGARDING CHARGES

CR BENEFIT OVERPAYMENT RECOVERY  
DB BENEFIT OVERPAYMENT RECOVERY CREDITED IN ERROR

## CLAY COUNTY

DEPT	LAST NAME	FIRST NAME	CHECK DATE
1	DECKER	JAMES	2012/09/15
1	EVANS	WILLIE	
1	GARDNER	STEPHEN	
1	IVY	WILLIAM	
1	WESTBROOK	ROBERT	
1	WILKINS	TONY	
2	BOYD	HOWARD	
2	HARRIS	MITCHELL	
2	JOHNSON	LARRY	
2	JONES	GRADY	
3	HIGHTOWER	WILLIE	
3	INMAN	ANTHONY	
3	WHITE	GEORGE	
3	YORK	WESLEY	
4	FIELDS	JOHN	
4	IVY	ROBERT	
4	MARBLE	J	
4	MITCHELL	JAMES	
4	WALKER	EARNEST	
5	MCKEE	ROGER	
5	SIMS	JERRY	
5	STARKS	ROBERT	
5	WILSON	WILLIAM	
7	ALLEN	GINGER	
7	BANKS	DANNY	
7	BOYD	LAFRANCE	
7	HAMPTON	SIDNEY	
7	HANKINS	FRANK	
7	HODGE	TREVA	
7	MOSLEY	ARMA	
7	MYERS	DEBORAH	
7	WARE	TERESA	
8	IRVIN	ELIZABETH	
8	PLUNKETT	SUSAN	
8	SPRAGGINS	BARBARA	
9	EDWARDS	SONYA	
9	FROST	KAY	
9	LANG	JAMES	
9	LEE	PORSHA	
12	BRAGG	HARRIETT	
12	HOLCOMBE	CHRISTY	
12	HOUSTON	EDWARD	
12	PERRY	LISA	
12	WILLIAMS	EVELYN	
16	BOWENS	WILLIAM	
16	DEANS	JOHNNY	
16	DOSS	BILLY	
16	QUINN	WILLIAM	
16	THOMPSON	WILLIAM	
21	ALSOBROOKS	JOSEPH	

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## CLAY COUNTY

DEPT	LAST NAME	FIRST NAME	CHECK DATE
21	BENNETT	KATHERINE	2012/09/15
21	BLACK	MEGAN	
21	EDWARDS	VATINA	
21	LEE	BETH	
21	MCGEE	ZATE	
21	MITCHELL	DAMIAN	
21	NEELY	LYRIAN	
21	PARKER	TERESA	
21	WALKER	COURTNEY	
22	HAGGARD	RICHARD	
22	KNOWLES	WILLIAM	
22	LEE	SHAWN	
22	LEE	STANLEY	
22	LEPICIER	JON	
22	PETTIT	BRADLEY	
22	QUINN	EVERETT	
22	SCOTT	TERRY	
22	SMITH	CASSONDR	
22	STRONG	DEVIN	
22	WILLIAMS	RAMIREZ	
23	AVANT	ANNIE	
23	CHANDLER	HENRY	
23	CUMMINGS	JOHN	
23	FREE	BARBARA	
23	GIBSON	JANET	
23	GOFF	PATTY	
23	HEAD	CHRISTOPHER	
23	LINES	PAUL	
23	HORNER	LAWRENCE	
23	HUFFMAN	LADDIE	
23	MYLES	GAIL	
23	PETTY	RICHARD	
23	RANDLE	FRANK	
23	SYKES-CORB	DEMETRIA	
23	TOWNSEND	TIMOTHY	
23	WEAVER	MICHAEL	
23	WILLIAMS	ANGELO	
27	BROOKS	DANA	
27	GASKIN	JUDY	
27	GREEN	VELMA	
27	HAMILTON	KISSY	
27	HENDRIX	MITZI	
27	INGRAM	DEBORAH	
27	JOHNSTONE	JOHN	
27	SANDERS	ELOISE	
27	WILLIAMSON	FRANK	
28	INGRAM	HERBERT	

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## CLAY COUNTY

DEPT	LAST NAME	FIRST NAME	CHECK DATE
1	DECKER	JAMES	2012/09/30
1	EVANS	WILLIE	
1	GARDNER	STEPHEN	
1	HORTON	LYNN	
1	IVY	WILLIAM	
1	WILKINS	TONY	
2	BOYD	HOWARD	
2	HARRIS	MITCHELL	
2	JOHNSON	LARRY	
2	JONES	GRADY	
2	LUMMUS	OSCAR	
3	DAVIS	R	
3	HIGHTOWER	WILLIE	
3	INMAN	ANTHONY	
3	WHITE	GEORGE	
3	YORK	WESLEY	
4	DEANES	SHELTON	
4	FIELDS	JOHN	
4	IVY	ROBERT	
4	MARBLE	J	
4	MITCHELL	JAMES	
4	WALKER	EARNEST	
5	MCKEE	FLOYD	
5	MCKEE	ROGER	
5	SIMS	JERRY	
5	STARKS	ROBERT	
5	WILSON	WILLIAM	
7	ALLEN	GINGER	
7	BANKS	DANNY	
7	BERRY	AMY	
7	BLANKENSHIP	BILL	
7	BOYD	LAFRANCE	
7	CARTER	ALVIN	
7	COX	REBECCA	
7	GARDNER	AVA	
7	HAMPTON	SIDNEY	
7	HAWKINS	FRANK	
7	HODGE	TREVA	
7	HOSFORD	JEFFREY	
7	MARSHALL	ROBERT	
7	MOSLEY	ARMA	
7	MYERS	DEBORAH	
7	STOREY	THOMAS	
7	TURNER LAIRY	ANGELA	
7	WALKER	ASHLEY	
7	WARE	TERESA	
7	WILLIAMS	KRISTEN	
8	HARRELL	ROBERT	
8	IRVIN	ELIZABETH	
8	PLUNKETT	SUSAN	

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## CLAY COUNTY

DEPT	LAST NAME	FIRST NAME	CHECK DATE
8	SPRAGGINS	BARBARA	2012/09/30
9	EDWARDS	SONYA	
9	FROST	KAY	
9	LAMKIN	PAMELA	
9	LANG	JAMES	
9	LEE	PORSHA	
10	BOYKIN	SANDRA	
10	GREEN	JOHN	
10	SWIFT	WILLIE	
11	BRYAN	THOMAS	
11	FULLER	WENDY	
11	IVY	JESSIE	
11	IVY	LINDA	
11	NADEAU	GLENDA	
12	BRAGG	HARRIETT	
12	HAMPTON	THOMAS	
12	HOLCOMBE	CHRISTY	
12	HOUSTON	EDWARD	
12	IVY	SHERMAN	
12	MCNAMEE	DANNY	
12	PERRY	LISA	
12	TAGGART	JOSEPH	
12	TOLLIVER	CHARLES	
12	WILLIAMS	EVELYN	
15	BROCK	FRANCESKA	
15	CLIETT	DONNA	
15	DICHIARA	DEBORAH	
16	BOWENS	WILLIAM	
16	DEANS	JOHNNY	
16	DOSS	BILLY	
16	QUINN	WILLIAM	
16	THOMPSON	WILLIAM	
21	ALSOBROOKS	JOSEPH	
21	BENNETT	KATHERINE	
21	BLACK	MEGAN	
21	EDWARDS	VATINA	
21	LEE	BETH	
21	MCGEE	ZATE	
21	MITCHELL	DAMIEN	
21	NEELY	LYRIAN	
21	PARKER	TERESA	
21	POOLE	CHARLOTTE	
21	WALKER	COURTNEY	
22	HAGGARD	RICHARD	
22	KNOWLES	WILLIAM	
22	LEE	SHAWN	
22	LEE	STANLEY	
22	LEPICIER	JON	
22	PETTIT	BRADLEY	
22	QUINN	EVERETT	

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## CLAY COUNTY

DEPT	LAST NAME	FIRST NAME	CHECK DATE
22	SCOTT	HARVEY	2012/09/30
22	SCOTT	TERRY	
22	SMITH	CASSONDRA	
22	STRONG	DEVIN	
22	WILLIAMS	RAMIREZ	
23	AVANT	ANNIE	
23	CHANDLER	HENRY	
23	CUMMINGS	JOHN	
23	FREE	BARBARA	
23	GIBSON	JANET	
23	GOFF	PATTY	
23	HEADD	CHRISTOPHER	
23	HINES	PAUL	
23	HORNER	LAWRENCE	
23	HUFFMAN	LADDIE	
23	MYLES	GAIL	
23	PETTY	RICHARD	
23	RANDLE	FRANK	
23	SYKES COBB	DEMETRIA	
23	TOWNSEND	TIMOTHY	
23	WEAVER	MICHAEL	
23	WILLIAMS	ANGELO	
27	BROOKS	DANA	
27	GASKIN	JUDY	
27	GREEN	VELMA	
27	GREEN	VELMA	
27	HAMILTON	KISSY	
27	HENDRIX	MITEI	
27	INGRAM	DEBORAH	
27	JOHNSTONE	JOHN	
27	SANDERS	ELOISE	
27	WILLIAMSON	FRANK	
28	INGRAM	HERBERT	

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NO \_\_\_\_\_


**IN THE MATTER OF ADJOURNING**

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There came on this day for consideration the matter of adjourning

After motion by R B Davis and second by Shelton Deanes, this Board doth vote unanimously to adjourn until Monday, October 1, 2012 at 9 00 o'clock A M

SO ORDERED, on this the 27<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
President