

**Clay County Board of Supervisors
Agenda for Meeting Held
Monday, August 1, 2016 at 9 00 a.m**

- Call to Order
- Welcome and Prayer
- Adopt and Amend agenda
- Authorize and approve the Claims Docket
- Authorize and approve payment to Randy Jones in the amount of \$467 08 for Flood Plain Coordinator Services
- Authorize to set a hearing date to consider the two (2) objections filed on land value
- Approve of the Amended Homestead Exemption Applications for year 2016
- Approve of the Homestead Exemption Disallowances for year 2015 as certified by the MS Dept of Revenue
- Bob Marshall
 - Purchase of #7 Slag from Golden Triangle Mill Services
 - Justice Court Collection Contract
- Authorize and approve to renew the service contract with Data Systems Management for year 2016-2017 for County Software Support
- Request to go into Closed Session to discuss a personnel issue as allowed under Section 25-41-7 of the *Mississippi Code of 1972*
- Ratify the Acceptance of the Lease Purchase Agreements with Hancock Bank on the Purchase of (2) pieces of Equipment
- Recess until Tuesday, August 2, 2016 at 9 00 a.m.

Amendments

NO _____

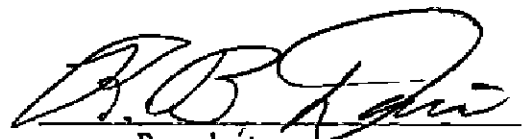
IN THE MATTER OF APPROVING THE CLAIMS DOCKET

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

It appears to this Board the claims as attached hereto as Exhibit A have been submitted for payment.

After motion by Shelton Deanes and second by Luke Lummus this Board doth vote unanimously to approve the claims docket for payment as attached hereto as Exhibit A

SO ORDERED this the 1st day of August, 2016



President

8/17/2016
10 06 24CLAY COUNTY
CLAIMS SUMMARY FOR 8/2016
FOR THE PERIOD ENDED AUGUST 01, 2016PAGE 1
APCSCPRT

CLAIM #	VENDOR NAME	AMOUNT
15008	MS STATE UNIV EXTENSION SERV	1666 87
15044	MY OFFICE PRODUCTS, INC	182 25
15045	SECURITY SOLUTIONS, LLC	650 00
15046	SECURITY SOLUTIONS, LLC	817 25
15047	US FOOD SERVICE	521 83
15048	UNITED PRODUCE	498 75
15049	SAM'S CLUB	84 74
15052	GALLS INCORPORATED	155 94
15053	SULLIVAN'S OFFICE SUPPLY	1162 72
15054	JIM'S AUTO PARTS, WEST POINT	106 23
15055	SUNFLOWER STORE	442 00
15056	SUNFLOWER STORE	145 00
15057	SUNFLOWER STORE	100 00
15058	ACTION FIRE & SAFETY	280 00
15059	LANN CHEMICAL	65 00
15060	FABRICATOR SUPPLY	44 00
15061	FABRICATOR SUPPLY	44 00
15062	SHERWIN-WILLIAMS OF WEST POINT	211 70
15063	DEMENT PRINTING	513 67
15064	MID-SOUTH UNIFORMS	430 00
15065	SYSCO FOOD SERVICES, INC	378 54
15066	WOOD FRUITTICHER GROCERY CO	2300 64
15067	PHILLIP'S HARDWARE	5 69
15068	CARQUEST AUTO PARTS, INC	15 18
15069	PHILLIP'S HARDWARE	425 97
15070	WALMART COMMUNITY BRC	199 88
15072	SHERWIN-WILLIAMS OF WEST POINT	87 83
15073	PHILLIP'S HARDWARE	42 46
15074	PHILLIP'S HARDWARE	42 77
15075	PHILLIP'S HARDWARE	67 76
15077	JIM'S AUTO PARTS, WEST POINT	36 93
15078	SUNFLOWER STORE	100 00
15081	SUNFLOWER STORE	14 76
15085	AIRGAS SOUTH	27 36
15086	MELANIE A MOREL	24 84
15087	NORTH MS MEDICAL CLINIC	301 00
15088	FEDERAL EXPRESS CORP	8 31
15089	U S NETWORK	59 40
15091	NEWELL PAPER COMPANY	125 50
15092	NEWELL PAPER COMPANY	274 14
15093	NEWELL PAPER COMPANY	51 74
15094	NEWELL PAPER COMPANY	25 10
15095	LAWRENCE PRINTING COMPANY, INC	136 77
15096	NEWELL PAPER COMPANY	25 10
15097	WALMART COMMUNITY BRC	30 25
15098	PHILLIP'S HARDWARE	14 98
15099	JIM'S AUTO PARTS, WEST POINT	35 96
15100	NEWELL PAPER COMPANY	154 75
15101	MY OFFICE PRODUCTS, INC	96 90
15102	MY OFFICE PRODUCTS, INC	77 82
15103	MY OFFICE PRODUCTS, INC	252 00
15104	MY OFFICE PRODUCTS, INC	140 37
15105	MY OFFICE PRODUCTS, INC	7 40
15106	MY OFFICE PRODUCTS, INC	10 80
15107	MY OFFICE PRODUCTS, INC	10 80
15108	MID-SOUTH UNIFORMS	1430 40
15109	MID-SOUTH UNIFORMS	49 55
15110	US FOOD SERVICE	357 52

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15111	MERCHANT CO	708 28
15112	WOOD FRUITTICHER GROCERY CO	1099 54
15114	QUILL CORPORATION	367 97
15115	QUILL CORPORATION	4 98
15116	QUILL CORPORATION	143 96
15117	JIM'S AUTO PARTS, WEST POINT	125 24
15118	MITCHELL BUICK-PONTIAC & EQUIP	64 68
15119	SHERMAN IVY	329 00
15120	JIM'S AUTO PARTS, WEST POINT	122 78
15121	CLAY CO JUROR/POLLWORKER ACCT	4072 00
15122	MY OFFICE PRODUCTS, INC	59 95
15123	PHILLIP'S HARDWARE	29 43
15124	REFRIGERATION SUPPLY COMPANY	93 46
15125	PHILLIP'S HARDWARE	5 48
15126	LANN CHEMICAL	119 00
15127	GEORGE'S TIRE SERVICE	681 00
15128	JIM'S AUTO PARTS, WEST POINT	12 61
15129	JIM'S AUTO PARTS, WEST POINT	474 81
15130	LEE COUNTY JUVENILE CENTER	2340 00
15131	CASH & CARRY CLEANERS	25 00
15132	CASH & CARRY CLEANERS	11 25
15133	SUNFLOWER STORE	100 00
15134	SHERWIN-WILLIAMS OF WEST POINT	179 45
15135	MAGNOLIA BUSINESS SYSTEMS, INC	148 88
15136	MAGNOLIA BUSINESS SYSTEMS, INC	156 69
15137	MAGNOLIA BUSINESS SYSTEMS, INC	250 42
15138	JAMES MCMANUS	78 00
15139	CARDMEMBER SERVICE	1564 50
15140	LAWRENCE PRINTING COMPANY, INC	270 31
15141	LAWRENCE PRINTING COMPANY, INC	146 31
15142	LAWRENCE PRINTING COMPANY, INC	141 31
15143	LAWRENCE PRINTING COMPANY, INC	129 31
15144	LAWRENCE PRINTING COMPANY, INC	89 00
15145	LAWRENCE PRINTING COMPANY, INC	99 66
15146	LAWRENCE PRINTING COMPANY, INC	112 24
15147	LAWRENCE PRINTING COMPANY, INC	100 44
15148	LAWRENCE PRINTING COMPANY, INC	100 65
15149	WALMART COMMUNITY BRC	19 97
15150	WALMART COMMUNITY BRC	9 97
15151	WALMART COMMUNITY BRC	97 08
15152	WALMART COMMUNITY BRC	24 97
15154	LOWE'S HOME CENTER, INC	23 73
15155	WALMART COMMUNITY BRC	248 00
15156	SUNFLOWER STORE	659 80
15157	WALMART COMMUNITY BRC	8 74
15158	WALMART COMMUNITY BRC	129 00
15159	UNITED PRODUCE	428 75
15161	CARQUEST AUTO PARTS, INC	4 60
15162	GEORGE'S TIRE SERVICE	100 00
15163	GEORGE'S TIRE SERVICE	612 00
15164	REFRIGERATION SUPPLY COMPANY	45 00
15165	REFRIGERATION SUPPLY COMPANY	206 00
15166	PHILLIP'S HARDWARE	332 36
15169	GEORGE'S TIRE SERVICE	15 00
15170	INMAN'S AUTO REPAIR	75 00
15171	MITCHELL BUICK-PONTIAC & EQUIP	197 63
15172	MY OFFICE PRODUCTS, INC	68 00
15173	MY OFFICE PRODUCTS, INC	51 90
15174	WALMART COMMUNITY BRC	110 00
15175	WALMART COMMUNITY BRC	22 98
15176	WALMART COMMUNITY BRC	86 92
15177	SUNFLOWER STORE	14 76
15178	WALMART COMMUNITY BRC	19 97

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15179	LEGAL DIRECTORIES PUBLISHING	8	75
15180	WALMART COMMUNITY BRC	6	28
15181	WALMART COMMUNITY BRC	12	86-
15182	WALMART COMMUNITY BRC	111	30
15183	LYNN CONNER	62	10
15185	CARRIE KIMBROUGH	110	16
15186	MELANIE A MOREL	16	80
15187	COMCAST CABLE	195	40
15188	DRUG FREE WORKPLACES, INC	44	00
15189	DRUG FREE WORKPLACES, INC	308	00
15190	DRUG FREE WORKPLACES, INC	44	00
15192	MARLIN M STEWART III	575	00
15193	FUELMAN	1145	38
15194	R J YOUNG COMPANY	84	53
15195	R J YOUNG COMPANY	60	46
15196	SUNFLOWER STORE	13	77
15197	SUNFLOWER STORE	4	59
15198	CASH & CARRY CLEANERS	27	00
15199	CASH & CARRY CLEANERS	27	00
15200	CASH & CARRY CLEANERS	12	75
15201	CASH & CARRY CLEANERS	12	75
15202	CASH & CARRY CLEANERS	27	00
15203	CASH & CARRY CLEANERS	12	75
15204	C SPIRE WIRELESS	468	45
15208	JIM'S AUTO PARTS, WEST POINT	466	43
15209	JIM'S AUTO PARTS, WEST POINT	12	61-
15210	JIM'S AUTO PARTS, WEST POINT	114	39
15212	TOTAL LAWN CARE	120	00
15213	TOTAL LAWN CARE	395	00
15214	SUNFLOWER STORE	5	88
15215	ANGELA GIBSON, NP	96	00
15216	SALEEM ALI, MD	96	00
15217	AMY G BERRY - FEES	146	00
15218	ANGELA TURNER-JAMES	350	00
15219	CITY OF WEST POINT	2152	22
15220	CITY OF WEST POINT	35	80
15221	WEST POINT SCHOOLS	5918	61
15222	WEST POINT SCHOOLS	98	44
15223	WAUKAWAY DISTRIBUTORS INC	23	25
15224	WAUKAWAY DISTRIBUTORS INC	15	50
15225	TIGRETT STEEL & SUPPLY	87	00
15226	RWJ CONSULTING, LLC	467	08
15227	NIKKI RUSSELL CUDE	139	20
15228	JIM'S AUTO PARTS, WEST POINT	249	00
15229	PHILLIP'S HARDWARE	8	40
15230	MY OFFICE PRODUCTS, INC	567	50
15231	CARQUEST AUTO PARTS, INC	46	90
15232	SHERWIN-WILLIAMS OF WEST POINT	57	34
15233	CITY WATER & LIGHT DEPT	2084	24
15234	CITY WATER & LIGHT DEPT	9806	37
15235	CITY WATER & LIGHT DEPT	247	08
15236	CITY WATER & LIGHT DEPT	38	40
15237	R J YOUNG COMPANY	149	19
15238	WALMART COMMUNITY BRC	128	00
15239	MARLIN M STEWART III	285	00
15240	MARLIN M STEWART III	475	00
15241	MARLIN M STEWART III	166	25
15242	MARLIN M STEWART III	498	75
15244	U S POSTMASTER	215	00
15247	BRANDON LANGFORD	1032	25
15251	XEROX CORPORATION	65	02
15253	MTS/ MY TRANSPORT SERVICES	647	75
15254	MISSISSIPPI COURT COLLECTIONS	482	94

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15255	ROB ROBERSON, ATTORNEY AT LAW	3056	25
15256	ROBERT HARRELL, JR	377	40
15257	CYNTHIA H ZELINKA	174	96
15258	FUELMAN	1091	95
15259	GEORGE'S TIRE SERVICE	286	00
15260	SYSCO FOOD SERVICES, INC	829	10
15261	PHILLIP'S HARDWARE	10	99
15263	PHILLIP'S HARDWARE	317	94
15264	USA ELECTRIC	528	83
15265	PHILLIP'S HARDWARE	48	89
15266	SECURITY SOLUTIONS, LLC	625	00
15267	DELTA COMPUTER SYSTEMS, INC	515	00
15268	R J YOUNG COMPANY	131	60
15269	COMCAST CABLE	45	32
15273	DIXIE NET	170	00
15274	C SPIRE WIRELESS	40	42
15275	C SPIRE WIRELESS	40	42
15276	C SPIRE WIRELESS	150	84
15277	C SPIRE WIRELESS	34	53
15283	ITC DELTACOM, INC	981	83
15284	S E CHICKASAW WATER ASSOC	20	00
15287	SILOAM WATER DISTRICT	40	05
15288	SILOAM WATER DISTRICT	27	80
15289	SILOAM WATER DISTRICT	27	80
15290	XEROX CORPORATION	16	10
15291	BENECOM TECHNOLOGIES	931	00
15292	R J YOUNG COMPANY	257	73
15293	CITY WATER & LIGHT DEPT	351	78
15294	CITY WATER & LIGHT DEPT	717	54
15295	CITY WATER & LIGHT DEPT	310	65
15296	CITY WATER & LIGHT DEPT	5978	19
15297	FOUR-COUNTY ELEC POWER ASSN	45	00
15298	FOUR-COUNTY ELEC POWER ASSN	35	00
15299	FOUR-COUNTY ELEC POWER ASSN	234	00
15301	FOUR-COUNTY ELEC POWER ASSN	26	83
15302	FOUR-COUNTY ELEC POWER ASSN	44	00
15303	FOUR-COUNTY ELEC POWER ASSN	97	00
15304	FOUR-COUNTY ELEC POWER ASSN	50	00
15305	FOUR-COUNTY ELEC POWER ASSN	55	00
15306	FOUR-COUNTY ELEC POWER ASSN	216	00
15307	FOUR-COUNTY ELEC POWER ASSN	323	00
15308	FOUR-COUNTY ELEC POWER ASSN	29	00
15309	FOUR-COUNTY ELEC POWER ASSN	135	00
15310	FOUR-COUNTY ELEC POWER ASSN	127	00
15311	FOUR-COUNTY ELEC POWER ASSN	29	00
15313	COMCAST CABLE	145	90
15314	COMCAST CABLE	81	34
15316	R J YOUNG COMPANY	71	00
15317	DPS CRIME LAB	150	00
15318	DATA SYSTEMS MANAGEMENT, INC	1676	00
15321	MS STATE MEDICAL EXAMINER	1000	00
15322	FUELMAN	856	48
15323	PRO-VISION, INC	310	00
15324	QUILL CORPORATION	165	56
15325	JIM'S AUTO PARTS, WEST POINT	291	19
15326	SUNFLOWER STORE	100	00
15327	SUNFLOWER STORE	14	76
15328	WALMART COMMUNITY BRC	154	79
15329	JIM'S AUTO PARTS, WEST POINT	135	00
15330	JIM'S AUTO PARTS, WEST POINT	136	80
15331	US FOOD SERVICE	177	00
15332	PRECISION COMMUNICATIONS, INC	245	00
15333	MY OFFICE PRODUCTS, INC	164	00

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15334	MY OFFICE PRODUCTS, INC	81 34
15335	MY OFFICE PRODUCTS, INC	26 16-
15336	SHI	695 66
15360	SUNFLOWER STORE	9 18
15361	LEWIS STAFFORD	305 00
15364	JAMES MCMANUS	29 50
15365	BILLY MILLER	152 12
15366	MY OFFICE PRODUCTS, INC	35 53
15367	MY OFFICE PRODUCTS, INC	153 85
15368	MY OFFICE PRODUCTS, INC	186 02
15370	NEWELL PAPER COMPANY	95 64
15371	MY OFFICE PRODUCTS, INC	288 00
15372	WALMART COMMUNITY BRC	29 97
15373	KRISTEN WOOD WILLIAMS, PLLC	380 00
15374	CLINTON L MARTIN, ATTORNEY	363 85
15375	REGIONS BANK	2418 75
15376	PITNEY BOWES PURCHASE POWER	5322 96
15377	EDWARDS, STOREY, MARSHALL,	1202 45
15378	EDWARDS, STOREY, MARSHALL,	571 25
15379	EDWARDS, STOREY, MARSHALL,	3840 25
15383	MARLIN M STEWART III	960 00
15384	LADARIUS MCMILLIAN	100 00
15385	WALMART COMMUNITY BRC	20 58
15386	WALMART COMMUNITY BRC	2 94-
15387	DEMENT PRINTING	423 06
15400	WALMART COMMUNITY BRC	19 94
15401	REFRIGERATION SUPPLY COMPANY	457 62
15402	CASH & CARRY CLEANERS	27 00
15403	CASH & CARRY CLEANERS	12 75
15404	GOLDEN TRIANGLE WATER	29 00
15425	CLAY CO JUROR/POLLWORKER ACCT	2469 60
15426	MAILROOM CONSULTANT	205 80
15439	DAILY TIMES LEADER	429 07
15440	MELISSA GRIMES	38 88
15441	ORKIN- TUPELO, MS	136 18
15442	ORKIN- TUPELO, MS	125 64
15443	ORKIN- TUPELO, MS	30 00
15444	WEST POINT SCHOOLS	4380 00
15445	PHILLIP'S HARDWARE	429 45
15447	WALMART COMMUNITY BRC	5 91
15448	SUPERCIRCUITS, INC	449 99
15449	SUPERCIRCUITS, INC	181 72
15450	DELTA TELEPHONE COMPANY	1209 84
15452	SOUTHERN TELECOMMUNICATIONS	63 50
15454	SOUTHERN TELECOMMUNICATIONS	687 15
15461	FUELMAN	1008 85
15462	LEADS ONLINE LLC	1758 00
15463	AUTO-CHLOR SYSTEMS	186 95
15464	DPS CRIME LAB	480 00
15465	GARY'S PAWN & GUN SHOP	175 50
15467	AMY G BERRY - FEES	1250 00
15468	CLAY CO DEPT /SOCIAL SERVICES	316 67
15469	DISTRICT ATTORNEY'S OFFICE	175 00
15470	GOLDEN TRIANGLE AREA	1875 00
15471	INSURANCE ACCOUNT	1173 50
15472	HEALTH DEPT OF CLAY COUNTY	3791 67
15473	LENORA L PRATHER	350 00
15474	COMMUNITY COUNSELLING SERVICE	2000 00
15475	NATIONAL GUARD OF MISSISSIPPI	200 00
15476	RESERVE ACCOUNT	2000 00
15477	RETARDED CHILDREN'S ASC	1416 67
15478	CLAY COUNTY SWCD OFFICE	666 66
15479	UNITED POSTAL SERVICE	625 00

15480 VICTIM WITNESS PROGRAM	1006 93	
15482 CONFIRM BIOSCIENCES	14814 25	
15483 LEXIS NEXIS RISK DATA MNGTMENT	539 04	
15484 FUELMAN	21 18	
15487 ATMOS ENERGY	24 56	
15488 ATMOS ENERGY	24 56	
15489 KRISTEN WOOD WILLIAMS, PLLC	440 00	
15490 KRISTEN WOOD WILLIAMS, PLLC	285 00	
15491 KRISTEN WOOD WILLIAMS, PLLC	142 50	
15492 ADAPTS ELECTRONIC MONITORING	142 50	
15494 GOLDEN TRIANGLE PL & DEV DIST	6826 00	
15496 TEC	83 64	
15497 ADMINISTRATIVE OFFICE OF COURT	6760 12	
15498 MTS/ MY TRANSPORT SERVICES	373 88	
15499 AMERICAN RED CROSS	875 00	
15501 LOCAL GOVERNMENT RECORDS OFFIC	31 50	
15508 HANCOCK BANK	2396 01	
15512 HANCOCK BANK	806 32	
15513 HANCOCK BANK	2961 77	
15514 CLAY COUNTY MEDICAL CENTER	65000 00	
15515 WEST POINT CLAY COUNTY ANIMAL	1250 00	
15519 FOUR-COUNTY ELEC POWER ASSN	102 59	
15520 COMCAST CABLE	195 40	
15521 AMY BERRY - EXPENSE ACCOUNT	76 80	
15530 CALVERT-SPRADLING ENGINEERS	1686 25	
15538 NORTH MS MEDICAL CLINIC	325 00	
15540 MS STATE MEDICAL EXAMINER	1150 00	
*** FUND TOTALS *** 001 GENERAL COUNTY		247340 50
15206 BARNEY'S	180 00	
15207 BARNEY'S	191 58	
*** FUND TOTALS *** 012 FORFEITURE FUND (SHERIFF)		371 58
15270 SANDERS & ASSOCIATES	1000 00	
15271 SANDERS & ASSOCIATES	2100 00	
15272 SANDERS & ASSOCIATES	6000 00	
*** FUND TOTALS *** 013 UTILIZATION		9100 00
15050 SAM'S CLUB	931 12	
15051 SAM'S CLUB	295 88	
15076 LOWE'S HOME CENTER, INC	312 55	
15079 WALMART COMMUNITY BRC	49 96	
15080 WALMART COMMUNITY BRC	423 00	
15082 WALMART COMMUNITY BRC	139 54	
15113 BOB BARKER CO , INC	2549 25	
15153 WALMART COMMUNITY BRC	84 80	
15160 WALMART COMMUNITY BRC	69 78	
15312 COMCAST CABLE	90 38	
15315 COMCAST CABLE	206 33	
*** FUND TOTALS *** 040 SHERIFF'S INMATE CANTEEN		5152 59
15205 K-9 TRAINING CENTER	11149 29	
15337 K-9 TRAINING CENTER	29 95	
*** FUND TOTALS *** 041 SHERIFF'S CANINE DRUG UNIT		11179 24
15507 TOMBIGBEE REGIONAL LIBRARY	2341 16	
*** FUND TOTALS *** 095 SPECIAL LIBRARY LEVY		2341 16
15071 ECONO SIGNS OF TUPELO	15 60	
15083 TREVA HODGE	30 47	
15278 C SPIRE WIRELESS	40 42	
15285 BELLSOUTH	2053 00	
15369 MY OFFICE PRODUCTS, INC	127 50	

15446	WALMART COMMUNITY BRC	8 96	
15451	SOUTHERN TELECOMMUNICATIONS	227 35	
15485	AT&T	85 00	
15495	TEC	1 89	
15509	BANCORP SOUTH	3013 85	
15534	PROFESSIONAL DISPATCH MNGT	300 00	
*** FUND TOTALS *** 097 E911 FUND			5904 04
15084	WEST GROUP PAYMENT CENTER	299 99	
*** FUND TOTALS *** 104 LAW LIBRARY			299 99
15191	LONNIE DAVIDSON	100 00	
15211	TOTAL LAWN CARE	70 00	
15279	C SPIRE WIRELESS	30 00	
*** FUND TOTALS *** 114 VOLUNTEER FIRE DEPARTMENT			200 00
15511	MS DEVELOPMENT AUTHORITY	2993 38	
15518	MS DEVELOPMENT AUTHORITY	1479 25	
*** FUND TOTALS *** 116 INSURANCE REBATE MONIES			4472 63
15013	TERRY'S GARAGE, INC	179 75	
15014	CARQUEST AUTO PARTS, INC	285 57	
15015	CARQUEST AUTO PARTS, INC	55 07	
15016	CARQUEST AUTO PARTS, INC	2 25	
15017	CARQUEST AUTO PARTS, INC	108 57	
15018	CARQUEST AUTO PARTS, INC	32 99	
15019	CARQUEST AUTO PARTS, INC	13 97	
15020	CARQUEST AUTO PARTS, INC	21 62	
15021	JIM'S AUTO PARTS, WEST POINT	171 30	
15022	JIM'S AUTO PARTS, WEST POINT	19 98	
15023	JIM'S AUTO PARTS, WEST POINT	33 76	
15024	KELLOGG HARDWARE & APPLIANCE	1 99	
15026	CARQUEST AUTO PARTS, INC	20 34	
15027	PHILLIP'S HARDWARE	67 38	
15028	DC TIRE AND TRUCK	23 80	
15029	TIGRETT STEEL & SUPPLY	61 00	
15032	IVY SAW & MOWER	10 95	
15034	ARAMARK UNIFORM SERVICES INC	38 85	
15035	ARAMARK UNIFORM SERVICES INC	38 85	
15036	ARAMARK UNIFORM SERVICES INC	38 85	
15038	CITY WATER & LIGHT DEPT	35 12	
15343	C SPIRE WIRELESS	40 42	
15344	YOUNG WELDING SUPPLY, INC	30 78	
15345	FOUR-COUNTY ELEC POWER ASSN	115 00	
15346	ARAMARK UNIFORM SERVICES INC	38 85	
15347	ARAMARK UNIFORM SERVICES INC	38 85	
15348	IVY SAW & MOWER	43 30	
15349	KELLOGG HARDWARE & APPLIANCE	7 49	
15350	KELLOGG HARDWARE & APPLIANCE	34 39	
15351	CARQUEST AUTO PARTS, INC	61 10	
15352	CARQUEST AUTO PARTS, INC	17 20	
15353	CARQUEST AUTO PARTS, INC	80 50	
15354	CARQUEST AUTO PARTS, INC	22 49	
15355	CARQUEST AUTO PARTS, INC	7 95	
15356	CARQUEST AUTO PARTS, INC	14 58	
15357	CARQUEST AUTO PARTS, INC	23 97	
15358	CARQUEST AUTO PARTS, INC	26 95	
15359	CARQUEST AUTO PARTS, INC	20 95	
15406	SUNFLOWER STORE	4 59	
15407	SUNFLOWER STORE	4 59	
15408	SUNFLOWER STORE	13 77	
15409	SUNFLOWER STORE	9 18	
15410	SUNFLOWER STORE	13 77	

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15411	SUNFLOWER STORE	13 77	
15417	SUNFLOWER STORE	9 18	
15418	SUNFLOWER STORE	9 18	
15419	SUNFLOWER STORE	9 18	
15420	SUNFLOWER STORE	13 77	
15421	SUNFLOWER STORE	9 18	
15422	SUNFLOWER STORE	9 18	
15423	SUNFLOWER STORE	13 77	
15424	SUNFLOWER STORE	9 18	
15453	SOUTHERN TELECOMMUNICATIONS	32 67	
15466	CARQUEST AUTO PARTS, INC	2 25	
15486	VICTOR AVANT	45 00	
15517	FOUR-COUNTY ELEC POWER ASSN	30 80	
15532	CALVERT-SPRADLING ENGINEERS	55 41	
15537	GOLDEN TRIANGLE PL & DEV DIST	60 00	
15539	JONATHON HAYES ELKINS	100 00	
*** FUND TOTALS *** 151 DISTRICT 1 ROAD			2355 15
15455	GOLDEN TRIANGLE WATER	30 00	
15456	FOUR-COUNTY ELEC POWER ASSN	198 00	
15457	FOUR-COUNTY ELEC POWER ASSN	30 80	
15460	C SPIRE WIRELESS	123 59	
15531	CALVERT-SPRADLING ENGINEERS	55 42	
15536	GOLDEN TRIANGLE PL & DEV DIST	60 00	
*** FUND TOTALS *** 152 DISTRICT 2 ROAD			497 81
14947	MGM INC	434 29	
14949	PHILLIP'S HARDWARE	6 49	
14951	CHICKASAW EQUIPMENT CO	27 28	
14976	JIM'S AUTO PARTS, WEST POINT	131 99	
14977	JIM'S AUTO PARTS, WEST POINT	9 99	
14978	JIM'S AUTO PARTS, WEST POINT	88 47	
14979	DC TIRE AND TRUCK	315 00	
14980	CLAY COUNTY CO-OP	6 55	
15006	GEORGE'S TIRE SERVICE	88 00	
15007	CLAY COUNTY CO-OP	21 95	
15380	INGRAMS GARAGE	257 00	
15381	INGRAMS GARAGE	162 50	
15412	SILAM WATER DISTRICT	27 80	
15413	C SPIRE WIRELESS	40 42	
15415	FOUR-COUNTY ELEC POWER ASSN	30 80	
15416	FOUR-COUNTY ELEC POWER ASSN	76 00	
*** FUND TOTALS *** 153 DISTRICT 3 ROAD			1724 53
14963	ARAMARK UNIFORM SERVICES INC	27 43	
14964	ARAMARK UNIFORM SERVICES INC	27 43	
14965	ARAMARK UNIFORM SERVICES INC	27 43	
14966	ARAMARK UNIFORM SERVICES INC	27 43	
14970	GEORGE'S TIRE SERVICE	115 44	
14971	WHITE OIL CO, INC & TIRE CTR	325 60	
14972	CALIFORNIA CONTRACTORS SUPPLY	291 66	
14973	TERRY'S GARAGE, INC	179 75	
15388	CARQUEST AUTO PARTS, INC	99 11	
15389	CLAY COUNTY CO-OP	21 50	
15390	SILAM WATER DISTRICT	27 80	
15391	FOUR-COUNTY ELEC POWER ASSN	30 80	
15392	C SPIRE WIRELESS	40 42	
15393	FOUR-COUNTY ELEC POWER ASSN	73 59	
15394	FOUR-COUNTY ELEC POWER ASSN	146 00	
15395	FOUR-COUNTY ELEC POWER ASSN	59 00	
15396	IVY SAW & MOWER	153 45	
15397	SOUTHERN TELECOMMUNICATIONS	35 43	
15398	DAILY TIMES LEADER	39 66	

APCSCPRT281069

15533 CALVERT-SPRADLING ENGINEERS 55 42
 15535 GOLDEN TRIANGLE PL & DEV DIST 60 00
 *** FUND TOTALS *** 154 DISTRICT 4 ROAD

1864 35

14955 BACCO MATERIALS, INC 662 69
 14956 H & R AGRI-POWER 3230 17
 14958 RACKLEY OIL COMPANY, INC 2411 18
 14959 CHICKASAW EQUIPMENT CO 344 10
 14960 G & O SUPPLY CO, INC 577.50
 14961 TERRY'S GARAGE, INC 179 76
 14962 SUN CREEK WATER ASSN 16 80
 15431 WARREN PAVING 480 02
 15432 CHICKASAW EQUIPMENT CO 270 82
 15433 CARQUEST AUTO PARTS, INC 16 52
 15434 CARQUEST AUTO PARTS, INC. 3 52-
 15435 TOMMY MILLSAPS 180 00
 15436 PHEBA ONE STOP 398 85
 15437 FOUR-COUNTY ELEC POWER ASSN 30 80
 15438 FOUR-COUNTY ELEC POWER ASSN 188 00
 *** FUND TOTALS *** 155 DISTRICT 5 ROAD

8983 69

14950 PRESTON DOBBS 231 00
 15025 H & R AGRI-POWER 599 97
 15030 G & O SUPPLY CO, INC 739 20
 15031 DC TIRE AND TRUCK 586 00
 15033 H & R AGRI-POWER 806 26
 15037 AT&T / QLT CONSUMER LEASE 21 95
 15039 FUELMAN 130 77
 15040 FUELMAN 132 23
 15041 PRESTON DOBBS 66 00
 15042 PHILLIP'S HARDWARE 19 45
 15043 FUELMAN 115 08
 15339 COLD MIX, INC 768 80
 15340 BACCO MATERIALS, INC 1311 98
 15341 H & R AGRI-POWER 992 56
 15342 FUELMAN 143 26
 15522 HANCOCK BANK 608 56
 15527 FUELMAN 229 36
 *** FUND TOTALS *** 161 DISTRICT 1 BRIDGE

7502 43

14948 HENRY BACKHOE & DIRT SERVICE 75 00
 14981 CARQUEST AUTO PARTS, INC 43 95
 14982 CLAY COUNTY CO-OP 325 00
 14983 JIM'S TIRE COMPANY 40 00
 14984 PHILLIP'S HARDWARE 18 66
 14985 THOMPSON MACHINERY 3 39
 14986 THOMPSON MACHINERY 58 12
 14987 CITY WATER & LIGHT DEPT 35 00
 14988 AIRGAS SOUTH 139 30
 14989 H & O TRUCK & TRAILER REPAIR 860 40
 14990 H & O TRUCK & TRAILER REPAIR 302 54
 14991 PHILLIP'S HARDWARE 15 97
 14992 PHILLIP'S HARDWARE 30 74
 14993 COLD MIX, INC 830 40
 14994 WHITE OIL CO, INC & TIRE CTR 1747 65
 14995 BACCO MATERIALS, INC 457 89
 14996 ECONO SIGNS OF TUPELO 6 20
 14997 JIM'S AUTO PARTS, WEST POINT 66 20
 14998 JIM'S AUTO PARTS, WEST POINT 105 63
 14999 JIM'S AUTO PARTS, WEST POINT 64 43
 15000 JIM'S AUTO PARTS, WEST POINT 119 00
 15001 JIM'S AUTO PARTS, WEST POINT 26 70
 15002 JIM'S AUTO PARTS, WEST POINT 20 37

APCSCPRT281069

15003	JIM'S AUTO PARTS, WEST POINT	65 94	
15004	JIM'S AUTO PARTS, WEST POINT	59 99	
15005	JIM'S AUTO PARTS, WEST POINT	12 02-	
15009	GEORGE'S TIRE SERVICE	40 80	
15010	JIM'S AUTO PARTS, WEST POINT	72 07	
15011	PHILLIP'S HARDWARE	38 56	
15012	PHILLIP'S HARDWARE	2 99	
15338	CLAY COUNTY CO-OP	325 00	
15362	JIM'S TIRE COMPANY	60 00	
15363	JIM'S TIRE COMPANY	15 00	
15458	MS. INDUSTRIAL WASTE DISPOSAL	90 06	
15459	G & O SUPPLY CO, INC	686 40	
15493	COCKER EQUIPMENT & MATERIALS	500 00	
15523	HANCOCK BANK	1442 93	
*** FUND TOTALS *** 162 DISTRICT 2 BRIDGE			8780 26
14945	BACCO MATERIALS, INC	232 93	
14946	BACCO MATERIALS, INC	1854 06	
14952	G & O SUPPLY CO, INC	5440 60	
14953	RACKLEY OIL COMPANY, INC	1876 50	
15414	TRI-STATE LUMBER CO	1352 00	
15524	HANCOCK BANK	705 31	
*** FUND TOTALS *** 163 DISTRICT 3 BRIDGE			11461 40
14967	PRESTON DOBBS	792 00	
14968	JIM'S AUTO PARTS, WEST POINT	62 90	
14969	JIM'S AUTO PARTS, WEST POINT	245 49	
14974	RACKLEY OIL COMPANY, INC	4595 25	
14975	PRESTON DOBBS	1365 00	
15399	TERRY'S GARAGE, INC	899 76	
15525	BANCORP SOUTH	853 86	
*** FUND TOTALS *** 164 DISTRICT 4 BRIDGE			8814 26
14954	BACCO MATERIALS, INC	662 68	
14957	H & R AGRI-POWER	3230 17	
15427	C SPIRE WIRELESS	72 67	
15428	BACCO MATERIALS, INC	323 96	
15429	BACCO MATERIALS, INC	544 60	
15430	BACCO MATERIALS, INC	623 09	
15481	RACKLEY OIL COMPANY, INC	2411 17	
*** FUND TOTALS *** 165 DISTRICT 5 BRIDGE			7868 34
15090	H & O TRUCK & TRAILER REPAIR	360 16	
15167	DC TIRE AND TRUCK	814 00	
15168	DC TIRE AND TRUCK	1220 00	
15184	PHILLIP'S HARDWARE	63 12	
15243	GEORGE'S TIRE SERVICE	15 00	
15245	DC TIRE AND TRUCK	305 00	
15246	DC TIRE AND TRUCK	50 00	
15248	GOLDEN TRIANGLE PL & DEV DIST	2994 80	
15249	JIM'S AUTO PARTS, WEST POINT	16 49	
15250	PHILLIP'S HARDWARE	54 99	
15252	PHILLIP'S HARDWARE	43 96	
15262	DC TIRE AND TRUCK	610 00	
15280	FUELMAN	102 85	
15281	FUELMAN	198 71	
15282	FUELMAN	52 96	
15286	SILOAM WATER DISTRICT	27 80	
15300	FOUR-COUNTY ELEC POWER ASSN	54 00	
15319	RACKLEY OIL COMPANY, INC	239 70	
15320	JIM'S AUTO PARTS, WEST POINT	44 84	
15382	FUELMAN	146 50	
15405	GTR SOLID WASTE MGMT AUTHORITY	4013 58	

15510 BANCORP SOUTH	3123 81	
*** FUND TOTALS *** 400 SANITATION		14552 27
15516 GOLDEN TRIANGLE CRIME STOPPERS	106 00	
15526 STATE TREASURER	15148 67	
15528 MS DEPT OF PUBLIC SAFETY	649 50	
15529 MS DEPT OF PUBLIC SAFETY	30 00	
*** FUND TOTALS *** 650 JUDICIAL ASSESSMENT CLEARING FUND		15934 17
15505 EAST MS COMMUNITY COLLEGE	5852 80	
*** FUND TOTALS *** 690 EMJC MAINTENANCE		5852 80
15506 EAST MS COMMUNITY COLLEGE	1 23	
*** FUND TOTALS *** 691 10 YEAR PLEDGE		1 23
15504 EAST MISS COMMUNITY COLLEGE	3706 38	
*** FUND TOTALS *** 692 EMCC CAPITAL IMPROVEMENT CAMPAIGN		3706 38
15503 EAST MISS COMMUNITY COLLEGE	3122 37	
*** FUND TOTALS *** 697 VO-TECH MAINTENANCE		3122 37
15502 EAST MISS COMMUNITY COLLEGE	2729 98	
*** FUND TOTALS *** 698 VO-TECH CAPITAL		2729 98
15500 TOMBIGBEE RIVER WTR MGMT DIST	3666 51	
*** FUND TOTALS *** 699 TOMBIGBEE RIVER VALLEY WATER MGMT DIST		3666 51
*** DOCKET TOTALS ***		395779.66

I CERTIFY THAT THE BOARD HAS EXAMINED EACH CLAIM ON THE AUGUST, 2016 DOCKET AND THE BILLS THEY REPRESENT AND FINDS EACH OF THE ABOVE DUE AND PAYABLE AND DIRECT THE CLERK TO ISSUE WARRANTS ON THE RESPECTIVE FUNDS THIS THE 01ST DAY OF AUGUST 2016

R.B. Darn

 PRESIDENT

NO _____


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

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

It appears to this Board an invoice in the amount of \$467 08 has been presented for payment as attached hereto as Exhibit A for Flood Plain Coordinator services rendered for the month of July 2016

After motion by Lynn Horton and second by Joe Chandler this Board doth vote unanimously to authorize the said invoice for payment

SO ORDERED this the 1st day of August, 2016


President

NO _____

**IN THE MATTER OF APPROVING THE HOMESTEAD EXEMPTION
DISALLOWANCES FOR YEAR 2015 AS CERTIFIED BY THE MISSISSIPPI
DEPARTMENT OF REVENUE**

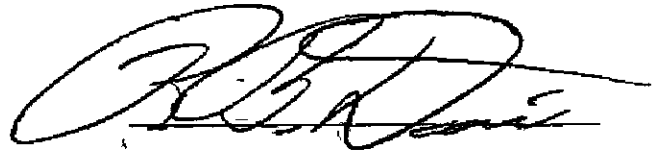
There came on this day for consideration the matter of approving the Homestead Disallowances for year 2015 as certified by the Mississippi Department of Revenue

It appears to this Board as attached hereto as Exhibit A are the Homestead Exemption Disallowances for year 2015 which were mailed out to the taxpayers on June 16, 2016 and more than 30 day notice was given to the taxpayer to object in writing to the Clerk, and,

It appears to this Board no objections have been received on the Homestead Exemption Disallowances for year 2015

After motion by Luke Lummus and second by Shelton Deanes this Board doth vote unanimously to authorize and approve the said Homestead Disallowance for year 2015 as certified by the MS Department of Revenue

SO ORDERED this the 1st day of August, 2016


President

Homestead Notice of Adjustment

DEPARTMENT OF REVENUE STATE OF MISSISSIPPI



418-0549-

Date June 01, 2016
Letter ID L1268162944
Period December 31, 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

DOSS BRENDA CAROLINE MCKEE
21037 STREET 9
PHEBA MS 397550000

21037 Clay St

Reimbursement Year 2015

Parcel# 101 20 0320000 - house
101B420B 0140000 - lot should not have had hmstd

School District: West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption

12 Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt, they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office), not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicants homestead exemption is final

Sincerely,
Tax Administrator

Enclosure Notice Certification



Clay County Mississippi
Filed 12/30/2016 04:09 P
Book HC 1 Pg 708
Amy Berry, Chancery Clerk

Book HC 1 Pg 708
Instrument 20166375

S 20 T 20 R 13
Indexing Instructions
Pheba-Street 9 25ac
Lot Block w/ 1/2 SE 1/4

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax: (601) 923-7714

Form # d.0011 v. 003

Visit www.dor.ms.gov for tax information and online filing. If you call please have this letter with you

Current Year X Base Filing Year. 2008 Application Seq# 01
 Parcel Number 101B420B 0140000
 Landowner Name MCKEE BRENDA C Assessments
 Legal Description S 20 T 20 R 13 Class I
 Tax District 5000 Total Acres Class II 300
 Application Name DOSS BRENDA CAROLINE MCKEE Total 300
 Phy Filing Address 21037 CLAY STREET
 City, St., Zip PHEBA MS 39755
 Spouse/Other Name DOSS, BILLY R

*Regular Homestead Code R ADJUSTMENTS
 Regular Percentage 100 Regular Homestead Value _____
 *Special Homestead Code - Special Homestead Value _____
 Special Percentage _____ *Additional Not Allowed 300
 *Not allowed code E EXCESSIVE VALUE
 TOTAL Homestead Value _____

Applicant's SS# [REDACTED] Applicant Filer Type. SSN DOB. _____
 Spouse/Other SS# [REDACTED] Spouse/Other Filer Type SSN DOB: _____

Area Code & Phone 662 494 3002 Homestead Filing Date: _____

Comments/Notes Partial Ownership

*Exempt Code *Marital Status *Title *Add'l Use *Adjoining County
 1 REGULAR 1 MARRIED 1 FEE 1 NONE 00

Enter=Edit F2=Notes * F4=Prompt F5=Update F10=Delete F12=Exit

There is no house on this property

-deleted this one

** as far as I can see, she had homestead on this at least since 1999!*

Current Year X Base Filing Year 2008 Application Seq# 01
 Parcel Number 101 20 0320000
 Landowner Name DOSS BILLY R ET UX CAROLINE M Assessments
 Legal Description S 20 T 20 R 13 Class I 16488
 Tax District 5000 Total Acres 2 50 Class II
 Application Name DOSS BRENDA CAROLINE MCKEE Total 16488
 Phy Filing Address 21037 CLAY STREET
 City, St., Zip PHEBA MS 39755
 Spouse/Other Name DOSS BILLY R

*Regular Homestead Code	R		ADJUSTMENTS
Regular Percentage	<u>100</u>	Regular Homestead Value	<u>7500</u>
*Special Homestead Code	-	Special Homestead Value	-
Special Percentage	-	*Additional Not Allowed	-
		*Not allowed code	-
		TOTAL Homestead Value	<u>7500</u>

Applicant's SS# [REDACTED] Applicant Filer Type SSN DOB
 Spouse/Other SS# [REDACTED] Spouse/Other Filer Type SSN DOB
 Area Code & Phone 662 494 3002 Homestead Filing Date

Comments/Notes Partial Ownership
 *Exempt Code *Marital Status *Title *Add'l Use *Adjoining County
1 REGULAR 1 MARRIED 1 FEE 1 NONE 00

Enter=Edit F2=Notes * F4=Prompt F5=Update F10=Delete F12=Exit

Signed in 2008

Option. 2=Change

Homestead Name, DOSS BRENDA CAROLINE MCKEE

<u>Opt</u>	<u>Parcel Number</u>	<u>Seq#</u>	<u>Acres</u>	<u>Total Value</u>	<u>REG HS VAL</u>	<u>NOT ALW VALUE</u>	<u>REG CREDIT</u>	<u>ADD HS VAL</u>
	101 20	0320000 01	2 50	16488	7500		300 00	
	101B420B	0140000 01		300		300		

Total Homestead	2 50	16788	7500	300	300 00	Bottom
------------------------	-------------	--------------	-------------	------------	---------------	---------------

F6=Add Record

F12=Exit

Homestead Notice of Adjustment

DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI



Date June 01 2016
Letter ID L0477806208
Period December 31 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

GREEN BEN PERRY
3200 OAK RIDGE
WEST POINT MS 397730000

Reimbursement Year 2015

Parcel# 062D 05B 0020000

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption

12 Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office), not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicants homestead exemption is final.

Sincerely
Tax Administrator

Enclosure Notice Certification

Book HC 1 Pg 709
Instrument 20166376

S _____ T _____ R _____
Indexing Instructions
Carlyne Slats PH
Lot 30 Block 5-11-6

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # RL0011 v. v95

Visit www.dor.ms.gov for tax information and online filing. If you call please have this letter with you.

Notice Certification

Date June 01 2016
Letter ID L0477806208
Period December 31 2015

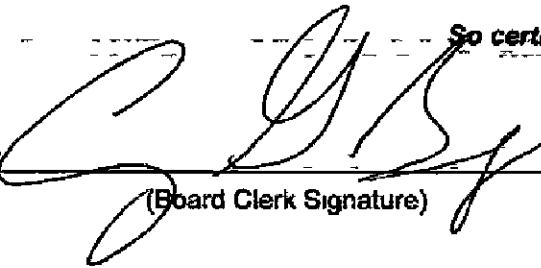
This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

Applicant Name	Parcel #	School District
GREEN BEN PERRY 3200 OAK RIDGE WEST POINT MS 397730000	062D 05B 0020000	West Point Consolidated School District

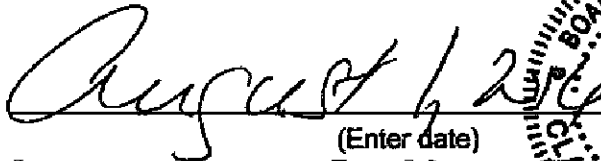
Agree and Accept

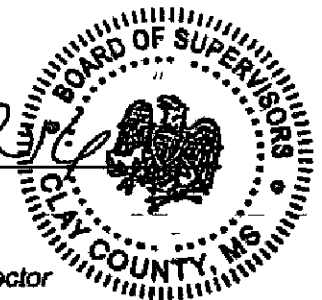
The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1, following the date of this notice.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk 
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held


(Enter date)



If in agreement, a copy of this completed document must be provided to the CLAY County Tax Collector.

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk _____
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held _____

(Enter date)

If in disagreement, a copy of this completed document must be provided to the Department of Revenue, Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.



Clay County Mississippi
Filed 12/30/2016 04 09 P
Book HC 1 Pg 709
Amy Berry, Chancery Clerk

Book HC 1 Pg 709 A
Instrument 20166376



Date June 01 2016
Letter ID L1773052288
Period December 31, 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

GRIFFIN SPENCER JR
2901 HWY 50E
WEST POINT MS 397730000

Reimbursement Year 2015
Parcel# 084C 18A 0280100

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption.

12 Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office) not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided the decision to disallow the applicants homestead exemption is final.

Sincerely
Tax Administrator

Enclosure Notice Certification

**Book HC 1 Pg 710
Instrument 20166377**

18 T 17 R 67
Indexing Instructions
129AC SE COR of E 1/2
Block

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # RL0011 v95

Visit www.dor.ms.gov for tax information and online filing. If you call please have this letter with you.

Notice Certification

Date June 01 2016
Letter ID L1773052288
Period December 31 2015


This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action

Applicant Name	Parcel #	School District
GRIFFIN SPENCER JR 2901 HWY 50E WEST POINT MS 397730000	084C 18A 0280100	West Point Consolidated School District

Agree and Accept

The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1 following the date of this notice.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk 
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held August 1, 2016
(Enter date)



If in agreement, a copy of this completed document must be provided to the CLAY County Tax Collector

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action


So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk _____
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held _____
(Enter date)

~~*If in disagreement, a copy of this completed document must be provided to the Department of Revenue Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection*~~

**Book HC 1 Pg 711
Instrument 20166377**

 Clay County Mississippi
Filed 12/30/2016 04 17 P
Book HC-1 Pg 710
Amy Berry, Chancery Clerk

Homestead Notice of Adjustment



Date June 01 2016
Letter ID L1142940032
Period December 31 2015
Account # 1027-8052



Barcode

AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

JENKINS JOHN W JR
7768 BARTON FERRY RD
WEST POINT MS 397730000

Reimbursement Year 2015

Parcel# 057 36 0200100

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption.

12 Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office) not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicants homestead exemption is final.

Sincerely,
Tax Administrator

Enclosure Notice Certification

Book HC 1 Pg 712
Instrument 20166378

36 T 16 RD 7
Indexing Instructions
3 AC W 1/2 SE 1/4 SW 1/4
ot Block

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # RL0011 v. v95

Visit www.dor.ms.gov for tax information and online filing. If you call please have this letter with you.

Notice Certification

Date June 01 2016
Letter ID L1142940032
Period December 31 2015


This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

Applicant Name	Parcel #	School District
JENKINS JOHN W JR 7768 BARTON FERRY RD WEST POINT MS 397730000	057 36 0200100	West Point Consolidated School District

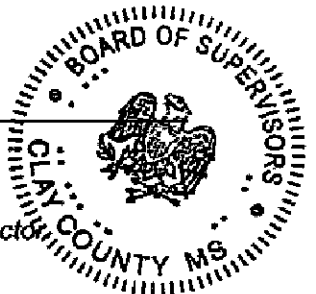
Agree and Accept

The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1 following the date of this notice.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk 
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held August 1, 2016
(Enter date)



If in agreement, a copy of this completed document must be provided to the CLAY County Tax Collector.

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.


So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk _____
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held _____
(Enter date)

~~*If in disagreement a copy of this completed document must be provided to the Department of Revenue Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.*~~

**Book HC 1 Pg 713
Instrument 20166378**


Clay County Mississippi
Filed 12/30/2016 04 18 P
Book HC 1 Pg 712
Amy Berry, Chancery Clerk

Homestead Notice of Adjustment

DEPARTMENT OF REVENUE STATE OF MISSISSIPPI



Date June 01 2016
Letter ID L0330211712
Period December 31 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

MOSLEY CATRINA
3065 N BEASLEY RD
PHEBA MS 397550000

Reimbursement Year 2015

Parcel# 074 08 0011600

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption

12 Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt, they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office) not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicants homestead exemption is final

Sincerely
Tax Administrator

Enclosure Notice Certification

Book HC 1 Pg 714
Instrument 20166379

08 T 20 R 13
Indexing Instructions
4.7 AC NE 1/4 NE 1/4
ot Block

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # R0011 v. 9/95

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you

Notice Certification

Date June 01 2016
Letter ID L0330211712
Period December 31 2015

This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action

Applicant Name	Parcel #	School District
MOSLEY CATRINA 3065 N BEASLEY RD PHEBA MS 397550000	074 08 0011600	West Point Consolidated School District

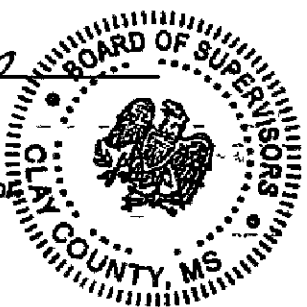
Agree and Accept

The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1 following the date of this notice

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk _____
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held August 1, 2016
(Enter date)



If in agreement, a copy of this completed document must be provided to the CLAY County Tax Collector

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action


So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk _____
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held _____
(Enter date)

If in disagreement, a copy of this completed document must be provided to the Department of Revenue Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection

**Book HC 1 Pg 715
Instrument 20166379**


Clay County Mississippi
Filed 12/30/2016 04 18 P
Book HC 1 Pg 714
Amy Berry, Chancery Clerk

Homestead Notice of Adjustment

DEPARTMENT OF REVENUE STATE OF MISSISSIPPI



Date June 01 2016
Letter ID L0991609216
Period December 31, 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

POWERS ERIC
415 S ESHMAN AVE
WEST POINT MS 397730000

Reimbursement Year 2015

Parcel# 083C114G 0280000

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption

12 Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt, they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office), not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicants homestead exemption is final.

Sincerely,
Tax Administrator

Enclosure Notice Certification

Book HC 1 Pg 716
Instrument 20166380

S 14 T 17 R 6
Indexing Instructions
W.L. McConel
Lot 5 1/2 + 10 Block
N 201 - 10

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # RL0011 v. v65

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you.

Notice Certification

Date June 01 2016
Letter ID L0991609216
Period December 31 2015

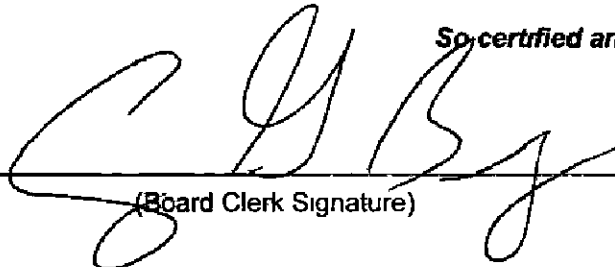
This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

Applicant Name	Parcel #	School District
POWERS ERIC 415 S ESHMAN AVE WEST POINT MS 397730000	083C114G 0280000	West Point Consolidated School District

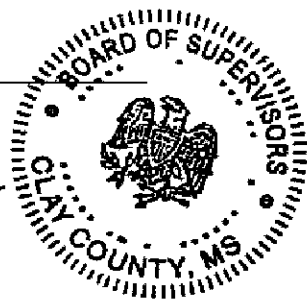
Agree and Accept

The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1 following the date of this notice.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk 
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held August 1, 2016
(Enter date)



If in agreement a copy of this completed document must be provided to the CLAY County Tax Collector

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk _____
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held _____
(Enter date)

~~*If in disagreement, a copy of this completed document must be provided to the Department of Revenue, Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.*~~

**Book HC 1 Pg 717
Instrument 20166380**



Clay County Mississippi
Filed 12/30/2016 04:19 P
Book HC 1 Pg 716
Amy Berry, Chancery Clerk

Homestead Notice of Adjustment



Date June 01, 2016
Letter ID L1509450112
Period December 31 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

SMITH NEAL RAY JR
9081 BAKER RD
PRAIRIE MS 397560000

Reimbursement Year 2015

Parcel# 014 21 0170100

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption.

12 Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office) not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided the decision to disallow the applicant's homestead exemption is final.

Sincerely
Tax Administrator

Enclosure Notice Certification

Book HC 1 Pg 718
Instrument 20166381

S 21 T 15 R 5
Indexing Instructions
3 AC in NE 1/4 SW 1/4
Lot Block

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # RL0011 v 095

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you.

Notice Certification

Date June 01 2016
Letter ID L1509450112
Period December 31 2015

This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

Applicant Name	Parcel #	School District
SMITH NEAL RAY JR 9081 BAKER RD PRAIRIE MS 397560000	014 21 0170100	West Point Consolidated School District

Agree and Accept

The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1 following the date of this notice.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

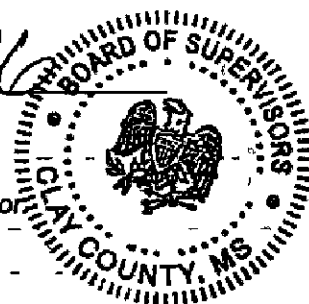
Clerk

(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held

(Enter date)

If in agreement, a copy of this completed document must be provided to the CLAY County Tax Collector.



Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk

(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held

(Enter date)

If in disagreement, a copy of this completed document must be provided to the Department of Revenue, Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.

Book HC 1 Pg 719
Instrument 20166381



Clay County Mississippi
Filed 12/30/2016 04:30 P
Book HC 1 Pg 718
Amy Berry, Chancery Clerk

Homestead Notice of Adjustment

DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI



Date June 01 2016
Letter ID L1689166208
Period December 31, 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

STRINGER MICHAEL E
876 QUINCE DR
WEST POINT MS 397730000

Reimbursement Year 2015

Parcel# 082A110A 0360000

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption

12. Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt, they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office), not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicants homestead exemption is final.

Sincerely,
Tax Administrator

Enclosure Notice Certification

S 10 T 17 R 6
Indexing Instructions

Book HC 1 Pg 720
Instrument 20166382

Lot 86 Block Greenbriar II

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax. (601) 923-7714

Form # rL0011 v. v85

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you.

Notice Certification

Date June 01 2016
Letter ID L1689166208
Period December 31, 2015

This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

Applicant Name	Parcel #	School District
STRINGER MICHAEL E 876 QUINCE DR WEST POINT MS 397730000	082A110A 0360000	West Point Consolidated School District

Agree and Accept

The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1 following the date of this notice.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

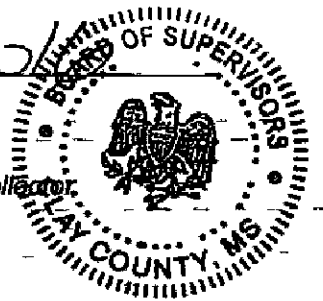
Clerk _____



(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held _____

August 1, 2016
(Enter date)



If in agreement, a copy of this completed document must be provided to the CLAY County Tax Collector.

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk _____

(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held _____

(Enter date)

~~*If in disagreement, a copy of this completed document must be provided to the Department of Revenue Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.*~~

**Book HC 1 Pg 721
Instrument 20166382**



Clay County Mississippi
Filed 12/30/2016 04:30 P
Book HC 1 Pg 720
Amy Barry, Chancery Clerk

Homestead Notice of Adjustment



Date June 01 2016
Letter ID L1339105664
Period December 31, 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

TOWNSEND FRED
939 PROGRESS
WEST POINT MS 397730000

Reimbursement Year 2015

Parcel# 083B211A 0160000

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption.

12 Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt, they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office) not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicant's homestead exemption is final.

Sincerely
Tax Administrator

Enclosure Notice Certification

Indexing Instructions
11 T 17 R 6
Fifth Street Sub
10 Block 1

Book HC 1 Pg 722
Instrument 20166383

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # rL0011 v. v95

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you.

Notice Certification

Date June 01 2016
Letter ID L1339105664
Period December 31, 2015

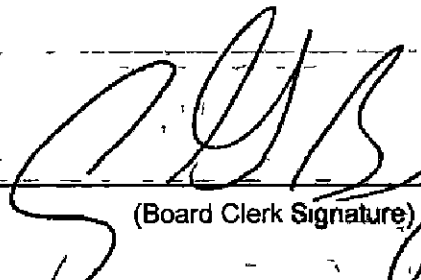
This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

Applicant Name	Parcel #	School District
TOWNSEND FRED 939 PROGRESS WEST POINT MS 397730000	083B211A 0160000	West Point Consolidated School District

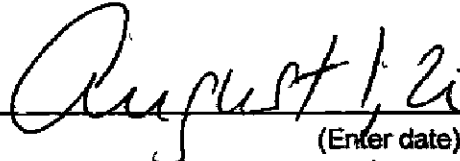
Agree and Accept

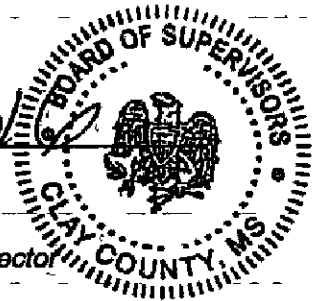
The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1 following the date of this notice.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk 
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held


(Enter date)



If in agreement, a copy of this completed document must be provided to the CLAY County Tax Collector.

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk _____
(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held _____

(Enter date)

~~If in disagreement a copy of this completed document must be provided to the Department of Revenue Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.~~

**Book HC 1 Pg 723
Instrument 20166383**



Clay County Mississippi
Filed 12/30/2016 04:31 P
Book HC 1 Pg 722
Amy Berry, Chancery Clerk

Homestead Notice of Adjustment

DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI



Date June 01 2016
Letter ID L1173905792
Period December 31, 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

THRASH AMANDA M
503 MHOON VALLEY LOOP
WEST POINT MS 397730000

Reimbursement Year 2015

Parcel# 080B 11A 0420100
080C 14A 0040000

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption.

12 Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance.

Please complete the enclosed Notice/Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office) not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicant's homestead exemption is final.

Sincerely
Tax Administrator

Enclosure Notice Certification

Book HC 1 Pg 725
Instrument 20166384

S 14+11 T 17 R 05

Indexing Instructions
1.90c NE 1/4 NW 1/4 + 1.750c SW 1/4 SE 1/4

Lot _____ Block _____

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # rL0011 v. 605

Visit www.dor.ms.gov for tax information and online filing. If you call please have this letter with you.

Notice Certification

Date June 01, 2016
Letter ID L1173905792
Period December 31 2015

This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

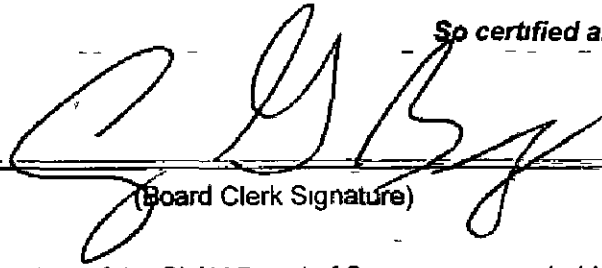
Applicant Name	Parcel #	School District
THRASH AMANDA M 503 MHOON VALLEY LOOP WEST POINT MS 397730000	080B 11A 0420100 080C 14A 0040000	West Point Consolidated School District

Agree and Accept

The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1 following the date of this notice.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk



(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held

August 1, 2016

(Enter date)



If in agreement, a copy of this completed document must be provided to the CLAY County Tax Collector

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk

(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held

(Enter date)

~~If in disagreement a copy of this completed document must be provided to the Department of Revenue Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.~~

Book HC 1 Pg 726
Instrument 20166384



Clay County Mississippi
Filed 12/30/2016 04:31 P
Book HC 1 Pg 726
Amy Berry, Chancery Clerk

Homestead Notice of Adjustment

DEPARTMENT OF REVENUE STATE OF MISSISSIPPI



Date June 01, 2016
Letter ID L1422803328
Period December 31, 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

TURNER ELLEN C
825 DOUGLAS ST
WEST POINT MS 397730000

Reimbursement Year 2015

Parcel# 083C414J 0200000

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption.

12. Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt, they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office) not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicant's homestead exemption is final.

Sincerely,
Tax Administrator

Enclosure Notice Certification

14 T 17 R 06
dearing Instructions
Highland Park Sub
st 80 Block 1

Book HC 1 Pg 727
Instrument 20166385

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # RL0011 v. v95

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you.

048

Notice Certification

Date June 01 2016
Letter ID L1422803328
Period December 31 2015

This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

Applicant Name	Parcel #	School District
TURNER ELLEN C 825 DOUGLAS ST WEST POINT MS 397730000	083C414J 0200000	West Point Consolidated School District

Agree and Accept

The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1 following the date of this notice.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk

(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held

(Enter date)



If in agreement, a copy of this completed document must be provided to the CLAY County Tax Collector.

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk

(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held

(Enter date)

~~If in disagreement, a copy of this completed document must be provided to the Department of Revenue, Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.~~

Book HC 1 Pg 728
Instrument 20166385

Clay County Mississippi
Filed 12/30/2016 04:31 P
Book HC 1 Pg 727
Amy Berry, Chancery Clerk

Homestead Notice of Adjustment

DEPARTMENT OF REVENUE STATE OF MISSISSIPPI



Date June 01 2016
Letter ID L0929333632
Period December 31 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

WASHINGTON MARY JOE
HOGAN ST
PHEBA MS 397550000

Reimbursement Year 2015

Parcel# 101 21 0380000

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption.

12. Applicant or applicant's spouse was allowed exemption on other property §27-33-21 (c)

If the applicant has any questions about an income tax debt, they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office) not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicants homestead exemption is final.

Sincerely
Tax Administrator

Enclosure Notice Certification

21 T 20 R 13
dexing Instructions
E 5W 1/4 SW 1/4 S of RR ROW
Block

Book HC 1 Pg 729
Instrument 20166386

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # RL0011 v 9/05

Visit www.dor.ms.gov for tax information and online filing. If you call please have this letter with you.

67

Notice Certification

Date June 01, 2016
Letter ID L0929333632
Period December 31 2015

This certifies that the Board of Supervisors for CLAY County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

Applicant Name	Parcel #	School District
WASHINGTON MARY JOE HOGAN ST PHEBA MS 397550000	101 21 0380000	West Point Consolidated School District

Agree and Accept

The Board has met and entered into its minutes an order directing that the CLAY County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1 following the date of this notice.

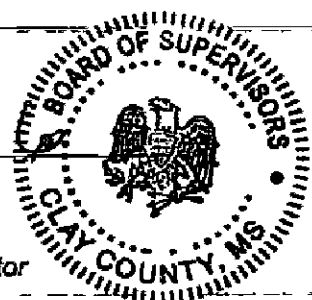
So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk _____

(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held _____

(Enter date)



If in agreement, a copy of this completed document must be provided to the CLAY County Tax Collector

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.

So certified and confirmed by the Clerk of the CLAY Board of Supervisors,

Clerk _____

(Board Clerk Signature)

The meeting of the CLAY Board of Supervisors was held _____

(Enter date)

~~*If in disagreement a copy of this completed document must be provided to the Department of Revenue Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.*~~

Book HC 1 Pg 730
Instrument 20166386



Clay County Mississippi
Filed 12/30/2016 04:31 P
Book HC 1 Pg 729
Amy Berry, Chancery Clerk

Homestead Notice of Adjustment

Date June 01 2016
Letter ID L1562108288
Period December 31, 2015
Account # 1027-8052



AMY GRAY BERRY
CLAY CO BOARD OF SUPERVISORS
PO BOX 815
WEST POINT MS 39773-0815

WALKER AUDREY LYNN
18074 HWY 50 W
PHEBA MS 397550000

Reimbursement Year 2015

Parcel# 100 23 0010000

School District West Point Consolidated School District

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption.

08 Application is incomplete or inadequate causing eligibility to be undeterminable §27-33-31 (n & r) & §27-33-41 (c)

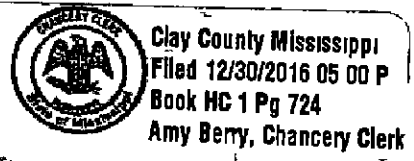
If the applicant has any questions about an income tax debt they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the CLAY County Board of Supervisors (Chancery Clerk's office) not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided the decision to disallow the applicants homestead exemption is final.

Sincerely,
Tax Administrator

Enclosure Notice Certification



Book HC 1 Pg 724
Instrument 20166387

S 23 T 20 R 13
Indexing Instructions
1. SAC. E 1/2 SE 1/4 NE 1/4
Lot Block

P O Box 1033 Jackson, MS 39215-1033 Phone (601) 923-7700 Fax (601) 923-7714

Form # rL0011 v 1/95

Visit www.dor.ms.gov for tax information and online filing. If you call please have this letter with you.

NO. _____

**IN THE MATTER OF AUTHORIZING AND APPROVING THE AMENDED
HOMESTEAD EXEMPTION APPLICATIONS FOR YEAR 2016**

There came on this day for consideration the matter of authorizing and approving the amended homestead exemption applications for year 2016

After motion by Luke Lummus and second by Shelton Deanes this Board doth vote unanimously to authorize and approve of the said amended Homestead Exemption Applications for year 2016 as attached hereto as Exhibit A

SO ORDERED this the 1st day of August, 2016



President



Mississippi Homestead Application

Year County #

1 Name of Taxpayer Last F Mi _____ SSN _____ Municipality Code

2 Name of Spouse Last F Mi _____ SSN _____ School District Code

3 Physical Address of Taxpayer _____ City _____ State MS Zip _____

4 Exemption
 1 Regular 2 Over 65 3 S/RR Act Disabled 4 Dis Plan 5 DAV 6 Combination Reg & Add
 7 Additional Use
 1 None 2 Rental # Rooms _____ or # Apts _____ 3 Business Type _____ Full time business of owner? Yes No

5 Marital Status
 1 Married 2 Widowed 3 Separated 4 Divorced 5 Single
 If Separated check the following
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No

6 Title
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Expires 7 Trust

8 Adjoining County #

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1	1	3.4				12-1-17	12/1/17
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse If undivided-estate list heirs

	Same Residence	Different Residence	Same Property	Non-occupying Joint Owner
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 Property was acquired by

A. Inheritance (check one) without will with will
 From (name) _____ who was my (relationship) _____ Date of Death _____
 whose title was acquired by Deed Gift Other
 Year _____ Book No / Page No _____

B. Check one if Applicable Deed Gift Other
 From (name) _____ Date filed with Chancery Clerk _____
 If purchased Section 27 33-21(f) and 27 33 31(l) require Full Price \$ _____ Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B. has/have complied with the income tax laws of this state Yes No

C. has/have complied with the road and bridge overage tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession LIST TAG NUMBERS _____

How many vehicles possessed? _____

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27 33 31 27 33-57 and 27 33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 4051c(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL NONE PART

Application is a first time renewal (no change) replacement w/change

The applicant herein has IN PERSON attested to and signed this application before me this the _____ day of _____ 20____

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Bobby L. P. [Signature]
 (usual signature of applicant)

By _____ Attorney Agent Guardian
 If signed by anyone other than self or spouse attach copy of authority

CHANCERY CLERK



Amended Mississippi Homestead Application

Year 2016 County # 13

1 Name of Taxpayer Last, F. M. CHANDLER TOM F SSN [REDACTED] Municipality Code 0124

2 Name of Spouse Last, F. M. CHANDLER EDNA I SSN [REDACTED] School District Code 513771

3 Physical Address of Taxpayer 270 WYMAN DRIVE City WEST POINT State MS Zip 39273 0000

4 2 Exemption
 1 Regular 3 S/RR Act Disabled
 2 Over 65 4 Dis Plan
 5 DAV
 6 Combination Reg & Add
 DOB _____

5 1 Marital Status
 1 Married 2 Widowed 3 Separated 4 Divorced 5 Single
 If Separated check the following
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No

6 1 Title
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Expires 7 Trust

7 1 Additional Use
 1 None 2 Rental # Rooms _____ or # Apts _____
 3 Business Type _____ Full-time business of owner? Yes No

8 00 Adjoining County #

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1 <u>08201100</u>	<u>01</u>	<u>0.370000</u>				<u>002 782</u>	<u>4 23 1997</u>
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse If undivided estate list heirs

1 SIGNING OVER OF Same Residence Different Residence Same Property Non-occupying Joint Owner

2

3

11 Property was acquired by

A Inheritance (check one) without will _____ with will _____
 From (name) _____
 who was my (relationship) _____ Date of Death _____
 whose title was acquired by Deed _____ Gift _____ Other _____
 Year _____ Book No / Page No _____

B Check one if Applicable, Deed Gift _____ Other _____
 From (name) T WHITE T STAN
 Date filed with Chancery Clerk 4 23 1997
 If purchased Section 27-33-21(f) and 27-33-31(l) require
 Full Price \$ _____ Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B has/have complied with the income tax laws of this state Yes No

C has/have complied with the road and bridge privilege tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession
 LIST TAG NUMBERS TY 36 39

How many vehicles possessed? 1

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes last due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL _____ NONE _____ PART _____

Application is a first time _____ renewal (no change) _____ replacement w/change _____

The applicant herein has IN PERSON attested to and signed this application before me this, the 6th day of April, 2016.

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

By Tom F Chandler (usual signature of applicant)

By _____ Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority

CHANCERY CLERK



Mississippi Homestead Application

Omenaa

Year 2016

County # 3

1 Name of Taxpayer Last, F. M. BERTSON GEORGE SSN [REDACTED] Municipality Code 000

2 Name of Spouse Last, F. M. BERTSON CASSIE SSN [REDACTED] School District Code 51301

3 Physical Address of Taxpayer 3037 TRULOVE LOOP City GLADDA BLUFF State MS Zip 39741 0000

4 Exemption
 1 Regular 2 Over 65 3 S/RR Act Disabled 4 Dis Plan 5 DAV 6 Combination Reg & Add
 DOB 3/04/1954

5 Marital Status
 If Separated check the following
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No

6 Title
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Expires 7 Trust

7 Additional Use
 1 None 2 Rental # Rooms _____ or # Apts 3 Business Type _____ Full time business of owner? Yes No

8 Adjoining County # 00

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1 0070A 19A	01	3.00			1.41	190	2/03/1978
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse

Same Residence Different Residence Same Property Non-occupying Joint Owner

1 FILING OVER 65

2

3

11 Property was acquired by

A Inheritance (check one) without will with will
 From (name) _____ who was my (relationship) _____ Date of Death _____ whose title was acquired by: Deed Gift Other
 Year _____ Book No / Page No _____

B Check one if Applicable Deed Gift Other
 From (name) FILING OVER 65 Date filed with Chancery Clerk _____
 If purchased Section 27-33-21(f) and 27-33-31(f) require Full Price \$ _____ Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B has/have complied with the income tax laws of this state Yes No

C has/have complied with the road and bridge privilege tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession
 LIST TAG NUMBERS OK/CASSIE CY5710 How many vehicles possessed? _____

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements misrepresentation concealment of material facts fraudulent claims for exemption the assistance of any of these acts failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim a misdemeanor charge a charge of perjury a felony charge a fine of up to \$5 000 imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL NONE PART

Application is a first time renewal (no change) replacement w/change

The applicant herein has IN PERSON attested to and signed this application before me this the 16th day of April 2016.

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above.

By [Signature] (usual signature of applicant)

By _____ Attorney Agent - Guardian
 If signed by anyone other than self or spouse attach copy of authority

CHANCERY CLERK



Mississippi Homestead Application

2016

13

Year []

County # []

Handwritten: Alexander

1 Taxpayer: **ANN L** 587 [Redacted] Municipal Code []
 2 Name of Spouse: [] SSN [Redacted] School Code []
 3 Address of Taxpayer: **E HAZLEWOOD RD. WEST POINT** State **39773-4000** MS

4 Exemption: []
 5 Marital Status: []
 6 Title: []
 7 Additional Use: []
 8 Adjoining County #: []

9 Parcel Number	Number of Parcels	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
052 (Residential first)	007 (Below)	1.00			254/306		12/05/2006
1							
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse. If undivided estate, list heirs.

1 [] Same Residence Different Residence Same Property Non-occupying Joint Owner

2 []

3 []

11 Property was acquired by:

A. FILING OVER 65: Inheritance (check one) without will with will

B. FILING OVER 65: Check one if Applicable: Deed Gift Other

From (name) []
 who was my (relationship) [] Date of Death []
 whose title was acquired by Deed Gift Other []
 Year [] Book No / Page No []

Date filed with Chancery Clerk []
 Full Price \$ [] Down Payment \$ []

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B. has/have complied with the income tax laws of this state Yes No

C. has/have complied with the road and bridge privilege tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession

LIST TAG NUMBERS []

How many vehicles possessed? []

IMPORTANT Penalties are Imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Law of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL [] NONE [] PART [] X

Application is a first time [] renewal (no change) [] replacement w/change []

The applicant herein has IN PERSON attested to and signed this application before me this the [] day of [] 20 []

I do attest and affirm to the best of my knowledge and belief under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

By: *Charles L. Jordan* (usual signature of applicant)

By: *Patricia Lambdin* Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority

CHANCERY CLERK



Mississippi Homestead Application

Attended

Year 2016 County # 13

1 Name of Taxpayer: HALL TIMMY REX Municipality Code: 009

2 Name of Spouse: HALL NANCY C KNIGHT School District Code: 51721

3 Physical Address: 1271 DR SLAKS RD City: WEST POINT State: MS Zip: 39773 0000

4 2 Exemption: 1 Regular, 2 Over 65, 3 S/RR Act Disabled, 4 Dis Plan, 5 DAV, 6 Combination Reg & Add. *DOB: 10/3/19*

5 1 Marital Status: 1 Married, 2 Widowed, 3 Separated, 4 Divorced, 5 Single. If Separated check the following: File joint income tax return, Custody of minor child, Occupy marital home.

6 1 Title: 1 Fee, 2 Occ Joint, 3 Non Occ Joint, 4 Life Est, 5 Undiv Est, 6 Lease Expires, 7 Trust.

7 1 Additional Use: 1 None, 2 Rental # Rooms or # Apts, 3 Business Type, Full-time business of owner? Yes No

8 00 Adjoining County #

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
<u>250 28</u>	<u>1</u>	<u>2.00</u>				<u>159/356</u>	<u>12/30/1982</u>
1							
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse. If undivided estate list heirs.

	Same Residence	Different Residence	Same Property	Non-occupying Joint Owner
1 SIGNING OVER US				
2				
3				

11 Property was acquired by

A. Inheritance (check one) without will with will From (name) _____ who was my (relationship) _____ Date of Death _____ whose title was acquired by Deed Gift Other Year _____ Book No / Page No _____

B. Check one if Applicable Deed Gift Other From (name) _____ Date filed with Chancery Clerk _____ If purchased Section 27-33-21(f) and 27-33-31(l) require Full Price \$ _____ Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B. has/have complied with the income tax laws of this state Yes No

C. has/have complied with the road and bridge privilege tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession LIST TAG NUMBERS _____ How many vehicles possessed? 2

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL NONE PART

Application is a first time renewal (no change) replacement w/change

The applicant herein has IN PERSON attested to and signed this application before me this 10th day of Feb, 2016

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1, 2016 of the year stated above.

[Signature] (usual signature of applicant)

By _____ Attorney - Agent - Guardian
If signed by anyone other than self or spouse attach copy of authority

CHANCERY CLERK



Mississippi Homestead Application

Diminished

2016 Year

13 County #

1 Name of Taxpayer: JAMES JANICE C
 Last F Mi: [Redacted]
 2 Name of Spouse: [Redacted]
 Last F Mi: [Redacted]
 3 Physical Address of Taxpayer: WEST HALF MILE WEST POINT
 City: WEST POINT State: MS Zip: 38773-0000
 Municipality Code: 024
 School District Code: 1321

4 Exemption: []
 1 Regular 2 Over 65 3 S/RR Act Disabled 4 Dis Plan 5 DAV 6 Combination Reg & Add
 5 Marital Status: []
 1 Married 2 Widowed 3 Separated 4 Divorced 5 Single
 If Separated check the following:
 File joint income tax return Yes [] No []
 Custody of minor child Yes [] No []
 Occupy marital home Yes [] No []
 6 Title: []
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Expires 7 Trust
 7 Additional Use: []
 1 None 2 Rental # Rooms _____ or # Apts _____ 3 Business Type _____ Full-time business of owner? Yes [] No []

8 Adjoining County #: []

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
082A1108	0240100				191/459		6/18/1991
1							
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse if undivided estate, list heirs

FILING SSD	Same Residence	Different Residence	Same Property	Non-occupying Joint Owner
1				
2				
3				

11 Property was acquired by

A. Inheritance (check one) without will _____ with will _____
 From (name) _____
 who was my (relationship) _____ Date of Death _____
 whose title was acquired by Deed _____ Gift _____ Other _____
 Year _____ Book No / Page No _____

B. Pick the Appropriate Deed _____ Gift _____ Other _____
 From (name) _____
 Date filed with Chancery Clerk _____
 If purchased Section 27-33-21(f) and 27-33-31(l) require
 Full Price \$ _____ Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No
 B has/have complied with the income tax laws of this state Yes No
 C has/have complied with the road and bridge privilege tax laws of this state Yes No
 Must furnish all tag numbers of privately owned vehicles in your possession
 LIST TAG NUMBERS: 04655, 04656, 04655
 How many vehicles possessed? _____

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL _____ NONE _____ PART _____ Application is a first time _____ renewal (no change) _____ replacement w/change _____
 The applicant herein has IN PERSON attested to and signed this application before me this the _____ day of _____, 20____
 [Signature: Paula Rankin]

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above.
 [Signature: James C. Rankin] (usual signature of applicant)
 By _____ Attorney - Agent - Guardian
 If signed by anyone other than self or service, attach copy of a dthritu

CHANCERY CLERK



Mississippi Homestead Application

Year 2016 County # 13

1 Name of Taxpayer LUMBER BARBARA P
2 Name of Spouse
3 Physical Address of Taxpayer 5672 HWY 450 N
City WEST POINT State MS Zip 39773 0000

4 Exemption
5 Marital Status 1 Married
6 Title 1 Fee
7 Additional Use 1 None
8 Adjoining County # 00

Table with 9 columns: Parcel Number, Number of Parcels Listed Below, # of Acres, In City, Joint Home, In 5 Miles, Book # / Page#, DATE ACQUIRED

10 Location, name, and relationship to applicant of joint owner(s) other than spouse

11 Property was acquired by
A. Inheritance (check one) without will with will
B. Check one if applicable: Deed, Gift, Other

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property
A claims to be bona fide legal resident(s) of Mississippi and this is the primary home
B has/have complied with the income tax laws of this state
C has/have complied with the road and bridge privilege tax laws of this state

IMPORTANT Penalties are Imposed upon violation of the Homestead Exemption Laws
Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1948.

Disclosure Statement and Privacy Act Notice
Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law.

FOR OFFICE USE ONLY
ELIGIBILITY FULL NONE PART
Application is a first time renewal (no change) replacement w/change
The applicant herein has, IN PERSON attested to and signed this application before me this 19th day of April 2016

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above
By Barbara Shunka (usual signature of applicant)
Attorney - Agent - Guardian

CHANCERY CLERK



Mississippi Homestead Application

Amended

Year County #

1 Name of Taxpayer **JACKSON JULIX R** Municipality Code [Redacted]

2 Name of Spouse **JACKSON ANNETTE CLARA MILGAKH** School District Code [Redacted]

3 Physical Address of Taxpayer **686 BAKER ROAD** City **IRVING** State **MS** Zip **39756 0000**

4 Exemption
 1 Regular 3 S/RR Act Disabled
 2 Over 65 4 Dis Plan
 5 DAV
 6 Combination Reg & Add

5 Marital Status
 1 Married 2 Widowed 3 Separated 4 Divorced 5 Single
 If Separated check the following
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No

6 Title
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Expires 7 Trust

7 Additional Use
 1 None 2 Rental # Rooms _____ or # Apts _____
 3 Business Type _____
 Full-time business of owner? Yes No

8 Adjoining County #

9 Parcel Number (List owning first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1 0114	0110100	5.00				188/610	3/07/1980
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse If undivided estate list heirs

1 STONING OVER Same Residence Different Residence Same Property Non-occupying Joint Owner

2

3

11 Property was acquired by

A. Inheritance (check one) without will _____ with will _____
 From (name) _____
 who was my (relationship) _____ Date of Death _____
 whose title was acquired by Deed _____ Gift _____ Other _____
 Year _____ Book No / Page No _____

B. Check one if Applicable Deed _____ Gift _____ Other _____
 From (name) _____
 Date filed with Chancery Clerk _____
 If purchased Section 27-33-21(f) and 27-33-31(l) require _____
 Full Price \$ _____ Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B has/have complied with the income tax laws of this state Yes No

C has/have complied with the road and bridge privilege tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 3

LIST TAG NUMBERS _____

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation concealment of material facts fraudulent claims for exemption, the assistance of any of these acts failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim a misdemeanor charge a charge of perjury a felony charge, a fine of up to \$5 000 imprisonment of up to 2 years or a combination thereof

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL _____ NONE _____ PART _____

Application is a first time _____ renewal (no change) _____ replacement w/change _____

The applicant hereon has IN PERSON, attested to and signed this application before me this the _____ day of _____ 20____

I do attest and affirm to the best of my knowledge and belief under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Clara Annette M. Davis Jackson
 (usual signature of applicant)

By _____ Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority

CHANCERY CLERK



Mississippi Homestead Application

Amended

Year **2016**

County # **13**

1 Name of Taxpayer Last F MI **RANDLE LOUISE** Municipality Code **0241**

2 Name of Spouse Last, F MI _____ School District Code **51721**

3 Physical Address of Taxpayer **1874 GUYTON ST** City **WEST POINT** State **MS** Zip **39273-0000**

4 **Exemption**
 1 Regular 2 Over 65 3 S/RR Act Disabled 4 Dis Plan 5 DAV 6 Combination Reg & Add: _____
 5 **Marital Status**
 1 Married 2 Widowed 3 Separated 4 Divorced 5 Single
 If Separated check the following
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No

6 **Title**
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Expires 7 Trust

7 **Additional Use**
 1 None 2 Rental # Rooms _____ or # Apts _____
 3 Business Type _____ Full-time business of owner? Yes No

8 **Adjoining County #**

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1 0820116D	0100000					185/567	11/17/1989
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse If undivided estate list heirs

1 **STEVEN OVER 65** Same Residence Different Residence Same Property Non-occupying Joint Owner

2

3

11 Property was acquired by

A. Inheritance (check one) without will _____ with will _____
 From (name) _____
 who was my (relationship) _____ Date of Death _____
 whose title was acquired by Deed _____ Gift _____ Other _____
 Year _____ Book No / Page No _____

B. Check one if Applicable: Deed Gift _____ Other _____
 From (name) _____
 Date filed with Chancery Clerk _____
 If purchased Section 27-33-21(f) and 27-33-31(l) require
 Full Price \$ _____ Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B. has/have complied with the income tax laws of this state Yes No

C. has/have complied with the road and bridge privilege tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession
 LIST TAG NUMBERS **0820116D** How many vehicles possessed? **1**

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL _____ NONE _____ PART _____

Application is a first time _____ renewal (no change) _____ replacement w/change

The applicant herein has **IN PERSON** attested to and signed this application before me this the **20th** day of **April**, 20**16**

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Louise Randle
 (Usual signature of applicant)

By _____ Attorney Agent - Guardian
 If signed by anyone other than self or spouse attach copy of authority

CHANCERY CLERK



Mississippi Homestead Application

Amended

Year [] County # []

1 Name of Taxpayer **SMITH LOIS JEAN** SSN [REDACTED] Municipality Code **024**

2 Name of Spouse [] SSN [REDACTED] School District Code **S1321**

3 Physical Address of Taxpayer **CENTER ST WEST POINT MS 39773-0000** State **MS** Zip **39773-0000**

4 Exemption
 1 Regular 3 S/RR Act Disabled
 2 Over 65 4 Dis Plan
 5 DAV
 6 Combination Reg & Add

DOB **10/01/1948**

5 Marital Status
 1 Married 2 Widowed 3 Separated 4 Divorced 5 Single
 If Separated check the following
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No

6 Title 1
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Expires 7 Trust

7 Additional Use
 1 None 2 Rental # Rooms _____ or # Apts _____
 3 Business Type _____
 Full time business of owner? Yes No

8 Adjoining County #

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
0838211D	0070000				236/763		1/23/2003
1							
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse If undivided estate, list heirs

Same Residence Different Residence Same Property Non-occupying Joint Owner

1 **FILING OVER 65**

2

3

11 Property was acquired by

A. Inheritance (check one) without will _____ with will _____
 From (name) _____
 who was my (relationship) _____ Date of Death _____
 whose title was acquired by Deed _____ Gift _____ Other _____
 Year _____ Book No / Page No / _____

B. Check one if Applicable Deed _____ Gift _____ Other _____
 From (name) **FILING OVER 65**
 Date filed with Chancery Clerk _____
 If purchased Section 27 33 21(f) and 27 33-31(l) require
 Full Price \$ **0** Down Payment \$ **0**

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B. has/have complied with the income tax laws of this state Yes No

C. has/have complied with the road and bridge privilege tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession
 LIST TAG NUMBERS _____

How many vehicles possessed? **2**

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1948. False statements misrepresentation concealment of material facts fraudulent claims for exemption the assistance of any of these acts failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim a misdemeanor charge a charge of perjury a felony charge a fine of up to \$5 000 imprisonment of up to 2 years or a combination thereof

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(e)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL _____ NONE _____ PART _____

Application is a first time _____ renewal (no change) _____ replacement w/change _____

The applicant herein has IN PERSON attested to and signed this application before me **1E, 20**

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above

Lois Jean Smith
 (usual signature of applicant)

By _____
 Attorney - Agent - Guardian
 If signed by anyone other than self or spouse attach copy of authority

CHANCERY CLERK



Mississippi Homestead Application

Amended

2015 Year [] County # 13 []

1 Name of Taxpayer: JAMES C THOMAS
 Last, F MI [Redacted] SSN [Redacted] Municipality Code 0100
 2 Name of Taxpayer: CYNTHIA A THOMAS
 Last, F MI [Redacted] School District Code 321
 3 Physical Address: DAYWOOD DR WEST POINT City State 38673 Zip 0000

4 Exemption: [] 1 Regular, 2 Over 65, 3 S/RR Act Disabled, 4 Dis Plan, 5 DAV, 6 Combination Reg & Add
 5 Marital Status: [] 1 Married, 2 Widowed, 3 Separated, 4 Divorced, 5 Single
 If Separated check the following: File joint income tax return Yes [] No [], Custody of minor child Yes [] No [], Occupy marital home Yes [] No []
 6 Title: [] 1 Fee, 2 Occ Joint, 3 Non Occ Joint, 4 Life Est, 5 Undiv Est, 6 Lease Expires, 7 Trust
 7 Additional Use: [] 1 None, 2 Rental # Rooms or # Apts, 3 Business Type, Full time business of owner? Yes [] No []

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1 08	0182600	5.00			236/604		12/31/2002
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse
 Same Residence [] Different Residence [] Same Property [] Non-occupying Joint Owner []
 FILING WITH SSD []

11 Property was acquired by
 A. Inheritance (check one) without will [] with will []
 From (name) [] who was my (relationship) [] Date of Death []
 whose title was acquired by Deed [] Gift [] Other []
 Year [] Book No / Page No []
 B. Check one if Applicable, Deed [] Gift [] Other []
 From (name) [] Date filed with Chancery Clerk []
 If purchased Section 27 33-21(f) and 27 33-31(l) require []
 Full Price \$ [] Down Payment \$ []

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property
 A claims to be bona fide legal resident(s) of Mississippi and this is the primary home [X] Yes [] No []
 B has/have complied with the income tax laws of this state [X] Yes [] No []
 C has/have complied with the road and bridge privilege tax laws of this state [X] Yes [] No []
 Must furnish all tag numbers of privately owned vehicles in your possession
 LIST TAG NUMBERS: LY3508, LY481, LY604
 How many vehicles possessed? 3

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27 33-31 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements misrepresentation concealment of material facts fraudulent claims for exemption the assistance of any of these acts failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim a misdemeanor charge a charge of perjury a felony charge a fine of up to \$5 000 imprisonment of up to 2 years or a combination thereof

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY
 ELIGIBILITY FULL [] NONE [] PART []
 Application is a first time [] renewal (no change) [] replacement [] change [X]
 The applicant herein has IN PERSON attested to and signed this application before me this the 16 day of August 2015.
 I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above.
 By: [Signature] Attorney Agent Guardian
 If signed by anyone other than self or spouse attach coov of authority

CHANCERY CLERK



Mississippi Homestead Application

Amended

Year 2016 County # 13

1 Name of Taxpayer THOMPSON MINNIE MAE
2 Name of Spouse
3 Physical Address of Taxpayer 1031 E BRADLEY AVENUE
City WEST POINT State MS Zip 39173 0000

4 Exemption 1 Regular
5 Marital Status 1 Married
6 Title 1 Fee
7 Additional Use 1 None
8 Adjoining County # 00

Table with 7 columns: Parcel Number, Number of Parcels Listed Below, # of Acres, In City, Join Home In 5 Miles, Book # / Page#, DATE ACQUIRED. Row 1: 08304140, 0570000, 0.1, 215/077, 10/27/1997

10 Location, name, and relationship to applicant of joint owner(s) other than spouse. 1 STONING OVER 65

11 Property was acquired by. A. Inheritance (check one) without will with will. B. Check one if Applicable Deed Gift Other

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property. A. claims to be bona fide legal resident(s) of Mississippi and this is the primary home

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL NONE PART

Application is a first time renewal (no change) replacement w/change

The applicant herein has, IN PERSON attested to and signed this application

before me, this the 13th day of July, 2016

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above

(usual signature of applicant)

By Attorney - Agent Guardian

If signed by anyone other than self or spouse, attach copy of a...

CHANCERY CLERK



Mississippi Homestead Application

Amended

Year

County #

1 Name of Taxpayer WIFEY (1) (1) (1) SSN Municipality Code
 Last F. M. _____
 2 Name of Spouse _____ SSN School District Code
 Last, F. M. _____
 3 Physical Address of Taxpayer 1021 PERRY ST City MEMPHIS State MS Zip 38103

4 Exemption
 1 Regular 3 S/RR Act Disabled
 2 Over 65 4 Dis Plan
 5 DAV
 6 Combination Reg & Add
 DOB 3/16/41

5 Marital Status
 1 Married 2 Widowed 3 Separated 4 Divorced 5 Single
 If Separated check the following
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No

6 Title
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Express 7 Trust

7 Additional Use
 1 None 2 Rental # Rooms _____ or # Apts
 3 Business Type _____
 Full time business of owner? Yes No

8 Adjoining County # 001

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1	<input checked="" type="checkbox"/>	<u>1.00</u>				<u>144-01</u>	<u>5/17/1984</u>
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse If undivided-estate list heirs

	Same Residence	Different Residence	Same Property	Non-occupying Joint Owner
1	<input checked="" type="checkbox"/>			
2				
3				

11 Property was acquired by

A. Inheritance (check one) without will _____ with will _____
 From (name) _____
 who was my (relationship) _____ Date of Death _____
 whose title was acquired by Deed _____ Gift _____ Other _____
 Year _____ Book No / Page No _____

B. Check one if Applicable Deed Gift _____ Other _____
 From (name) WIFEY (1) (1) (1)
 Date filed with Chancery Clerk _____
 If purchased Section 27-33 21(f) and 27 33 31(l) require _____
 Full Price \$ _____ Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B. has/have complied with the income tax laws of this state Yes No

C. has/have complied with the road and bridge privilege tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession
 LIST TAG NUMBERS _____
 How many vehicles possessed? _____

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31 27-33-57 and 27-33-58 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements misrepresentation concealment of material facts fraudulent claims for exemption the assistance of any of these acts failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim a misdemeanor charge a charge of perjury a felony charge a fine of up to \$5,000 imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL _____ NONE _____ PART _____

Application is a first time _____ renewal (no change) _____ replacement w/change _____

The applicant herein has, IN PERSON, attested to and signed this application before me this the _____ day of _____ 20____

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Chara J. Webb
 (usual signature of applicant)

By _____ Attorney Agent Guardian
 If signed by anyone other than self or spouse attach copy of authority

CHANCERY CLERK



Mississippi Homestead Application

Amended

Year 2016

County # 13

1 Name of Taxpayer **WHITE JUDITH CAROL** SSN [REDACTED] Municipality Code **000**

2 Name of Spouse [REDACTED] SSN [REDACTED] School District Code **S1321**

3 Physical Address of Taxpayer **10375 nelda drive WEST POINT** City State Zip **MS 39773-0000**

4 Exemption

5 Marital Status

6 Title

7 Additional Use

8 Adjoining County #

Parcel Number (1st dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1 0888 19C	0060400	51				E33/127	12/21/2001
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse

1 SIGNING OVER 65

11 Property was acquired by

A. Inheritance (check one) without will _____ with will _____

B. Check one if Applicable: Deed Gift _____ Other _____

From (name) **ED WHITE**

Date filed with Chancery Clerk **12/21/2001**

Full Price \$ **89000** Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B. has/have complied with the income tax laws of this state Yes No

C. has/have complied with the road and bridge privilege tax laws of this state Yes No

How many vehicles possessed? **1**

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1948. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL _____ NONE _____ PART _____

Application is a first time _____ renewal (no change) _____ replacement w/change

The applicant herein has IN PERSON attested to and signed this application before me, this the **14th** day of **June**, 20**16**

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above.

By **[Signature]** (usual signature of applicant)

By _____ Attorney - Agent Guardian

If signed by anyone other than self or spouse attach copy of authority

[Signature]

CHANCERY CLERK



Mississippi Homestead Application

Mended

Year

County #

1 Name of Taxpayer Last F M **JEFFERSON SHEILA H** SSN Municipality Code

2 Name of Spouse Last F M School District Code

3 Physical Address of Taxpayer **CROWELL ST WEST POINT** City State **MS** ZIP **39772-0000**

4 Exemption
 1 Regular 2 Over 65 3 S/RR Act Disabled 4 Dis Plan 5 DAV 6 Combination Reg & Add
 DOB 2/11/1960

5 Marital Status
 If Separated check the following
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No

6 Title 1
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Expires 7 Trust

7 Additional Use
 1 None 2 Rental # Rooms or # Apts 3 Business Type Full time business of owner? Yes No

8 Adjoining County #

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
0808310	0100000					215/256	9/10/1997
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse If undivided estate list heirs

FILING SSD

2 Same Residence Different Residence Same Property Non-occupying Joint Owner

3

11 Property was acquired by

A. Inheritance (check one) without will with will
 From (name) _____
 who was my (relationship) _____ Date of Death _____
 whose title was acquired by Deed Gift Other
 Year _____ Book No / Page No / _____

B Check one if Applicable Deed Gift Other
 Full (name) SSD
 Date filed with Chancery Clerk _____
 If purchased Section 27-33-21(f) and 27-33-31(l) require
 Full Price \$ 0 Down Payment \$ 0

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B has/have complied with the income tax laws of this state Yes No

C has/have complied with the road and bridge privilege tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession
 LIST TAG NUMBERS 01480 CYSE72 How many vehicles possessed? _____

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-58 impose penalties on persons who violate the Homestead Exemption Laws of 1948. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY
 ELIGIBILITY FULL NONE PART

Application is a first time renewal (no change) replacement w/change

The applicant herein has IN PERSON attested to and signed this application before me this 11th day of August 1E 2008

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above

Sheila Jefferson
 (Usual signature of applicant)

By _____ Attorney Agent Guardian
 If signed by anyone other than self or spouse attach copy of authority

CHANCERY CLERK



Mississippi Homestead Application

Amended

Year 2016 County # 3

1 Name of Taxpayer WILSON WILLIAM FRANK SSN [REDACTED] Municipality Code 000
 2 Name of Spouse WILSON HELEN A SSN [REDACTED] School District Code 51301
 3 Physical Address of Taxpayer 725 WADDILL RD City CEDAR BLUFF State MS Zip 39741-0000

4 Exemption
 1 Regular 3 S/RR Act Disabled
 2 Over 65 4 Dis Plan
 5 DAV
 6 Combination Reg & Add
 5 Marital Status
 1 Married 2 Widowed 3 Separated 4 Divorced 5 Single
 If Separated check the following
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No
 6 Title
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Expires 7 Trust
 7 Additional Use
 1 None 2 Rental # Rooms _____ or # Apts _____
 3 Business Type _____ Full-time business of owner? Yes No

8 Adjoining County # 00

9 Parcel Number (list dwelling first)	Number of Parcels Listed Below	# of Acres	In City	Joint Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1 <u>079 19</u>	<u>0110500</u>	<u>1.03</u>				<u>193/73</u>	<u>11/26/1991</u>
2 <u>079 19</u>	<u>0110100</u>	<u>30.00</u>		X		<u>193/73</u>	<u>11/26/1991</u>
3 <u>079 P4</u>	<u>0010000</u>	<u>15.00</u>		X		<u>193/73</u>	<u>11/26/1991</u>
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse If undivided-estate, list heirs

1 SIGNING OVER 65 Same Residence Different Residence Same Property Non-occupying Joint Owner

11 Property was acquired by

A Inheritance (check one) without will _____ with will _____
 From (name) _____
 who was my (relationship) _____ Date of Death _____
 whose title was acquired by Deed _____ Gift _____ Other _____
 Year _____ Book No / Page No _____

B Check one if Applicable Deed Gift _____ Other _____
 From (name) _____
 Date filed with Chancery Clerk _____
 If purchased Section 27-33-21(f) and 27-33-31(l) require Full Price \$ _____ Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No
 B has/have complied with the income tax laws of this state Yes No
 C has/have complied with the road and bridge privilege tax laws of this state Yes No
 Must furnish all tag numbers of privately owned vehicles in your possession How many vehicles possessed? 2
 LIST TAG NUMBERS 810/3351F BSE/177

IMPORTANT. Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY FULL _____ NONE _____ PART _____

Application is a first time _____ renewal (no change) _____ replacement w/change

The applicant herein has IN PERSON attested to and signed this application before me this the 15th day of July, 2016

I do attest and affirm to the best of my knowledge and belief under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above

William Frank Wilson
 (usual signature of applicant)

By _____ Attorney - Agent - Guardian
 If signed by anyone other than self or spouse attach copy of authority

CHANCERY CLERK



Mississippi Homestead Application

Amended

Year County #

1 Name of Taxpayer WILSON JOHN BRY SSN Municipality Code 17-

2 Name of Spouse HOUSTON KATHY HOWARD SSN School District Code 1121

3 Physical Address of Taxpayer 1000 ELLINGTON RD City MEMPHIS State MS Zip 38103

4 Exemption
 1 Regular 3 S/RR Act Disabled
 2 Over 65 4 Dis Plan
 DAV 6 Combination Reg & Add

5 Marital Status
 If Separated check the following
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No

6 Title
 1 Fee 2 Occ Joint 3 Non Occ Joint 4 Life Est 5 Undiv Est 6 Lease Expires 7 Trust

7 Additional Use
 1 None 2 Rental # Rooms _____ or # Apts
 3 Business Type _____
 Full-time business of owner? Yes No

8 Adjoining County # _____

9 Parcel Number (list in order)	Number of Parcels Listed Below	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1							
2							
3							
4							
5							

10 Location, name, and relationship to applicant of joint owner(s) other than spouse If undivided-estate list heirs

1 WILSON JOHN BRY Same Residence Different Residence Same Property Non-occupying Joint Owner

2

3

11 Property was acquired by

A. Inheritance (check one) without will _____ with will _____
 From (name) _____
 who was my (relationship) _____ Date of Death _____
 whose title was acquired by Deed _____ Gift _____ Other _____
 Year _____ Book No / Page No _____

B. Check one if Applicable Deed _____ Gift _____ Other _____
 From (name) _____
 Date filed with Chancery Clerk _____
 If purchased Section 27 33-2(f) and 27 33-31(l) require
 Full Price \$ _____ Down Payment \$ _____

12 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide legal resident(s) of Mississippi and this is the primary home Yes No

B. has/have complied with the income tax laws of this state Yes No

C. has/have complied with the road and bridge privilege tax laws of this state Yes No

Must furnish all tag numbers of privately owned vehicles in your possession
 LIST TAG NUMBERS _____

How many vehicles possessed? _____

IMPORTANT Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27 33-31 27 33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946 False statements misrepresentation concealment of material facts fraudulent claims for exemption the assistance of any of these acts failure to notify the tax assessor of any changes to the homestead property are considered to be such violations The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim a misdemeanor charge a charge of perjury a felony charge a fine of up to \$5 000 Imprisonment of up to 2 years or a combination thereof

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law The Department of Revenue is authorized to collect the information pursuant to 42 U S C § 405(c)(2)(G)(i) Any applicant who refuses to provide the required information will be denied the exemption

FOR OFFICE USE ONLY

ELIGIBILITY FULL _____ NONE _____ PART _____

Application is a first time _____ renewal (no change) _____ replacement w/change _____

The applicant herein has IN PERSON attested to and signed this application before me this the _____ day of _____ 20____

I do attest and affirm to the best of my knowledge and belief under penalty of perjury that the statements made and the answers given are true and correct as of January 1 of the year stated above

Kathy D. Wooten
 (usual signature of applicant)

By _____ Attorney Agent Guardian
 If signed by anyone other than self or spouse attach copy of authority

CHANCERY CLERK

NO _____

**IN THE MATTER OF SETTING A HEARING TO HEAR THE OBJECTIONS TO THE
LANDROLL**

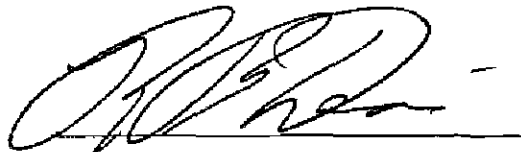
There came on this day for consideration the matter of setting a hearing to hear the objections to the landroll

It appears to this board two written objections have been received by the Clerk objecting to the values of their properties, (1) Property Tax Eagle (2) Ryan, LLC, and,

It appears to this Board that a hearing date and time needs to be set by this Board in order for the Board to consider the said objections

After motion by Lynn Horton and second by Shelton Deanes this Board doth vote unanimously to authorize to set Thursday, August 4, 2016 at 9 00 a m to hear the said objections from the objectors and for the Clerk to serve notice to the said objectors by certified mail and electronic mail

SO ORDERED this the 1st day of August, 2016



President

NO _____

**IN THE MATTER OF AUTHORIZING AND APPROVING THE SOFTWARE
MAINTENANCE AGREEMENT WITH DATA SYSTEMS MANAGEMENT**

There came on this day for consideration the matter of authorizing and approving the software maintenance agreement with Data Systems Management

After motion by Lynn Horton and second by Shelton Deanes this Board doth vote unanimously to authorize and approve the Software Maintenance Agreement with Data Systems Management as attached hereto as Exhibit A for year 2017

SO ORDERED this the 1st day of August, 2016



President

Data Systems Management, Inc

Glen Davis
President

July 28, 2016

Clay County
Amy Berry
Post Office Box 815
West Point, MS 39773

RE Contract Days

Dear Amy

Attached is a twelve day contract for discounted services. These days are to be used during the next fiscal year, October 1, 2016 - September 30, 2017. On services rendered as defined in the Contract Day Agreement we are going to reduce our price on those days by \$200.00 per 8 hour day for a total annual savings of \$2,400. We will also provide a discounted rate for travel time from \$40.00 to \$25.00 per hour. Travel and out-of-pocket expenses will be billed on a per diem basis.

Please note that any service that goes beyond 8 hours will be charged at the regular rate for the additional time. We will require a signed software support agreement to be eligible for contract days.

This represents an additional service we are offering, and does not obligate the county to use any of these days. However, in order to receive the discount, this agreement must be signed and returned to DSM prior to September 15, 2016.

If you choose to accept this agreement, please complete the Acceptance Section on the attached contract and return to DSM by mail or fax. When calling to schedule these days, please have a purchase order number available (if necessary).

If you have any questions, please feel free to call me at (662) 329-1222 ext 5.

Sincerely,



Robert Holt
Division Manager

RH aw



P O Box 1348 Columbus MS 39703 * (662) 329 1222
1505 Business Park Drive Clinton MS 39056* (601) 925-6257
Columbus Fax (662) 329-1468 * Jackson Fax (601) 925-2223



12 Day Contract for Clay County

DSM will provide a discount of \$200 00 per day for twelve, on-site technical personnel visits during the fiscal year October 1, 2016 - September 30, 2017 You may schedule one or two 8 hour day visits, depending on scope of effort required, for a total of twelve days that qualify for the discount

The following are charges that are billed as incurred by the DSM employee

- Motel
- Mileage
- Meals
- Supplies
- Travel Time (at a discounted rate of \$25 00 per hour)

Tasks considered appropriate for contract day visits are

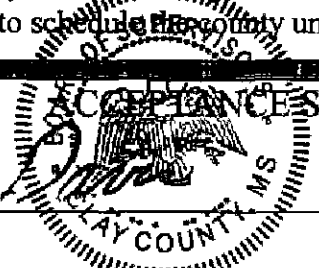
- In-service training of personnel
- Configuration of devices
- Assistance with SAVSYS and backup procedures
- IBM PTF research
- Light custom programming
- Networking of PC's
- Network troubleshooting
- Consulting - relating to computer items
- Query program development
- PC product integration

Tasks considered out of the scope of a contract day visit, which may require a quote are

- IBM Cumulative PTF applications (those requiring more than 8 hours)
- IBM Version/Release upgrades
- Complex interfaces
- Complex programming projects
- Projects not related to CDMS applications

DSM will require one person from your county to be designated to schedule the days When calling to schedule a contract day, the appropriate DSM personnel will take the information and then schedule a technician with the appropriate skills and a date for the visit

DSM reserves the right to deny a visit based upon availability of personnel, however, in that event, DSM will make every effort to schedule the county under a priority basis

Signed *R.B.*  Date *8/1/2016*

Purchase Order number _____

Data Systems Management, Inc.

Glen Davis
President

July 28, 2016

Amy Berry
Clay County
Post Office Box 815
West Point, MS 39773

RE Software Support Agreement

Dear Amy

Enclosed is a Monthly CDMS Software Support Agreement for Clay County. The applicable software for each office is listed on Schedule A. This Agreement will go into effect on October 1, 2016, and will remain in effect until September 30, 2017.

If you would like to place the items listed under support, please complete the Acceptance Section below and the Acknowledgment Section on the Agreement and return a completed copy of this letter and the Agreement to me by mail.

Customers under support will receive priority response and scheduling. Customers not under support will be provided assistance on a fee basis according to the attached Fee Schedule. If you have any questions, please feel free to call me at (662) 329-1222 Ext 5.

Sincerely,



Robert Holt
Division Manager

RH aw
enc

ACCEPTANCE SECTION

I would like to place the listed software (see Schedule A) under monthly support with Data Systems Management, Inc., for the price outlined in the Monthly CDMS Software Support Agreement.

Name 

Phone (662) 494-3129

Purchase Order # (if needed) _____

Date 8/1/2016



P O Box 1348, Columbus, MS 39703 * (662) 329-1222
1505 Business Park Drive, Clinton, MS 39056 * (601) 925-6257
Columbus Fax (662) 329-1468 * Clinton Fax (601) 925-2223



**CDMS APPLICATION SOFTWARE SUPPORT AGREEMENT
FOR Clay County**

The following agreement pertains to the installed CDMS Software as identified by Clay County on attached Schedule A. This agreement is effective October 1, 2016 – September 30, 2017. The payment is due at the first of each month. The following items and their related charges are covered by this agreement:

- 1 All programming to DSM installed software, as a result of Normal State Agency Mandated Changes, governed by law and with which the local government has to comply, will be completed at no charge. Installation will be charged at \$125.00 per hour plus, if required to be on-site, travel time and any out of pocket expenses.
- 2 Prescribed changes, recommended by the State, but not mandated, are not covered by the software support agreement and will be provided on a fee basis determined by DSM, Inc.
- 3 Software enhancements and/or upgrades that we offer to the existing software will be at no charge. Installation will be charged at \$125.00 per hour plus, if required to be on-site, travel time and any out of pocket expenses.
- 4 A discount on group training classes will be offered. Contact DSM for pricing.
- 5 Marketing consultation in the areas of purchasing hardware and non-CDMS software will be provided at no charge. Assistance with hardware problems will be provided on a fee basis as set forth in the attached Data System's Management, Inc. Fee Schedule Addendum "A".
- 6 On an "as needed" basis, DSM will perform disk maintenance and file storage "clean up" to maximize available space at no charge.
- 7 CDMS application software program integrity is the responsibility of DSM. Errors which are a result of a DSM application software program malfunction will be corrected in order for the software to operate as it was designed at no charge.
- 8 Data file integrity is the responsibility of the client. Errors which result in incorrect data will be corrected by the client, if corrected by DSM, the client will be billed per the attached fee schedule.
- 9 An off-site copy of client's software & client selected data files will be kept in our office (non-vault condition). Client must provide a monthly backup to DSM. Routine backup procedures must be monitored by the client in order to help maintain system integrity.
- 10 Requested services not covered under this agreement will be billed per the attached fee schedule.
- 11 Data Systems Management shall have the right from time to time during reasonable business hours to enter upon any premises where any of the Programs may be located, for the purpose of confirming the existence, condition, and the proper maintenance of the Programs. The foregoing rights of entry are subject to any applicable governmental security laws, regulations, and rules.

**CDMS APPLICATION SOFTWARE SUPPORT AGREEMENT
FOR Clay County**

Continued

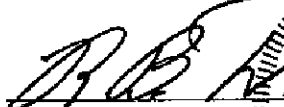
- 12 If client defaults on payment of this support agreement, DSM reserves the right to use the attached fee schedule of prices listed under "without support" to any services provided beyond the default date
- 13 The client has the right to cancel at any time with the stipulation that any further services will be billed according to the attached fee schedule of prices listed under "without support"

ACKNOWLEDGMENT SECTION

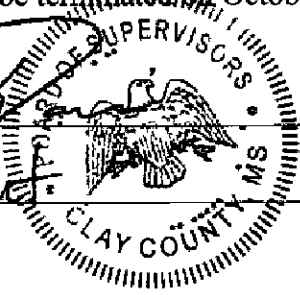
I choose the following item

Software Support - P O # _____ or Minute Book / Date / Page _____

No Software Support - I understand that without a software support agreement our agency will be billed according to the attached fee schedule for software services and that our current support, if any, will be terminated on October 1, 2016

Signed 
Title President

Date 8/1/2016



Schedule A

CLAY COUNTY
MONTHLY SUPPORT FEE
October 1, 2016 - September 30, 2017

CHANCERY OFFICE		\$ 606 00
Financial Applications		
Accounts Payable		
General Ledger		
Payroll		
Purchase Orders		
Fixed Assets		
PERS		
Land Redemption		
Land Redemption Settlement Checks		
GASB Financial		
Fee Journal		
Board Minute Application		
CIRCUIT OFFICE		\$ 25 00
Marriage License	\$ 25 00	
Judgement Roll	(NO SUPPORT)	
Voter Registration	(NO SUPPORT)	
TAX OFFICE		\$ 605 00
Mobile Homes		
Motor Vehicle		
Personal Property Appraisal		
Real Property Appraisal		
Tax Assessment / Collections		
Public Utilities		
Sales Ratio / Index Study		
Miscellaneous Receipts		
Cash Journal		
Privilege License		
JUSTICE COURT		\$ 300 00
Bonds		
Bookkeeping		
Civil		
Criminal		
E-Citation		
TOTAL MONTHLY SUPPORT		\$ 1536 00

DATA SYSTEMS MANAGEMENT, INC
FEE SCHEDULE
October 1, 2016 - September 30, 2017

Addendum A

Prices with Signed Software Support Agreement

1	Custom Programming	\$ 125 00 **
2	Data Correction	\$ 125 00
3	Hardware Assistance	\$ 125 00
4	Training	\$ 125 00
5	Travel Time	\$ 40 00
6	Telephone/Communication Line	\$ 50/minute *

Prices without Signed Software Support Agreement

1	Custom Programming	\$ 180 00 **
2	Data Correction	\$ 180 00
3	Hardware Assistance	\$ 180 00
4	Training	\$ 180 00
5	Travel Time	\$ 75 00
6	Telephone/Communication Line	\$ 1 00/minute *
7	Storage for Monthly Backup	\$ 20 00/month

* This is in addition to personnel's hourly rate

** All programming services are a minimum of two hours

Note All travel will be charged an out of pocket expense fee for mileage of 59 per mile

NO _____

**IN THE MATTER OF AUTHORIZING AND APPROVING OF THE LEASE
PURCHASE AGREEMENT WITH HANCOCK BANK ON EQUIPMENT PURCHASES**

There came on this day for consideration the matter of authorizing and approving of the lease purchase agreement with Hancock Bank

It appears to this Board two (2) quotes have been received from Hancock Bank and BancorpSouth Bank for the purchase of a 2017 Single Axle Truck and a 2015 Freightliner Truck as attached hereto as Exhibit A, and

It appears to this Board of the two quotes Hancock Bank's quote on both pieces of equipment is the lowest and best bid

After motion by Lynn Horton and second by Joe Chandler this Board doth vote unanimously to authorize and approve of the lease purchase agreement with Hancock Bank for the Purchase of the two (2) pieces of equipment

SO ORDERED this the 1st day of August, 2016



President



VIA EMAIL

July 28 2016

Board of Supervisors
Clay County, Mississippi
C/o Ms Amy Berry

Re Lease Purchase Financing – One (1) New 2015 Freightliner

Gentlemen

We understand that Clay County, Mississippi is considering lease-purchase financing for One (1) New 2015 Freightliner (hereinafter the "Equipment") under the authority of Sec 31-7-13(e) of the Miss Code of 1972, as amended. The Equipment's total cost is not expected to exceed \$107,945.00 and 100% of the cost will be financed.

The rates provided below assumes that the debt will be designated as "bank-qualified" tax exempt within the meaning of Sec 265(b)(3) of the Internal Revenue Code of 1986, as amended. If it is determined that the County is ineligible to issue bank-qualified debt this calendar year, different rates will apply.*

<u>Amount Financed</u>	<u>Terms**</u>	<u>Rate</u>
\$107,945.00	✶ 36 monthly payments @ \$3,081.47 per month	1.78%
	48 monthly payments @ \$2,336.70 per month	1.89%

◆ No Prepayment Charges or Penalties ◆ No Additional Charges of Any Kind ◆

- * Determination of taxability would be the responsibility of the County's legal counsel
- ** The County will certify that the Equipment will not be replaced by other equipment performing the same or similar functions until the term of the financing option expires

Post Office Box 4019 • Gulfport, MS 39502
1-800-522-6542 • hancockbank.com



VIA EMAIL

July 28 2016

Board of Supervisors
Clay County Mississippi
C/o Ms Amy Berry

Re Lease Purchase Financing – One (1) New 2017 Single Axle Truck

Gentlemen

We understand that Clay County, Mississippi is considering lease-purchase financing for One (1) New 2017 Single Axle Truck (hereinafter the 'Equipment') under the authority of Sec 31-7-13(e) of the Miss Code of 1972, as amended. The Equipment's total cost is not expected to exceed \$75,575.00 and 100% of the cost will be financed.

The rates provided below assumes that the debt will be designated as 'bank-qualified' tax exempt within the meaning of Sec 265(b)(3) of the Internal Revenue Code of 1986, as amended. If it is determined that the County is ineligible to issue bank-qualified debt this calendar year different rates will apply.*

<u>Amount Financed</u>	<u>Terms**</u>	<u>Rate</u>
\$75,575.00	<i>W</i> 36 monthly payments @ \$2,157.41 per month	1.78%
	48 monthly payments @ \$1,635.98 per month	1.89%

◆ No Prepayment Charges or Penalties ◆ No Additional Charges of Any Kind ◆

* Determination of taxability would be the responsibility of the County's legal counsel.

** The County will certify that the Equipment will not be replaced by other equipment performing the same or similar functions until the term of the financing option expires.

Post Office Box 4019 • Cullport, MS 39502
1-800-522-6542 • hancockbank.com



Clay County, Mississippi
Page 2

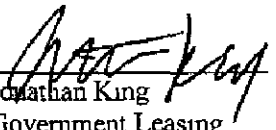
This proposal assumes compliance by the County with applicable state and federal law governing borrowings by political subdivisions. In addition, normal Bank credit approval requirements for lending to these types of entities would apply. Credit approval includes approval of both the manufacturer and vendor of the Equipment to be purchased. Necessary documentation would include, but not be limited to, a legal and tax opinion from issuer's legal counsel. Liability and physical damage insurance would be required with Hancock Bank being shown as the additional insured and/or loss payee as its interest may appear.

This proposal is good if accepted within 30 days and the obligation is funded within 60 days of the date of this letter.

Thank you for considering Hancock Bank for your Governmental Leasing needs!

Sincerely,

HANCOCK BANK


Jonathan King
Government Leasing
Public Finance Department

*Accept the 36 month payment
\$2,157.41 on 1/7/20
J. B. B.*

Post Office Box 4019 • Gulfport MS 39502
1 800 522 6542 • hancockbank.com



7/29/2016

Sent via aberry@claycounty.ms.gov

Clay County
P O Box 815
West Point MS 39773

It is a pleasure to submit for your consideration the following proposal to provide lease purchase financing based on the terms and conditions set forth below

- | | | |
|----|--------------------------------------|---|
| 1 | <u>Lessor</u> | BancorpSouth Equipment Finance a division of BancorpSouth Bank |
| 2 | <u>Lessee</u> | Clay County |
| 3 | <u>Equipment Description</u> | 2017 Freightliner M2 106 Dump Truck |
| 4 | <u>Equipment Cost</u> | \$75 575 00 |
| 5 | <u>Lease Term</u> | 3 or 4 Years |
| 6 | <u>Lease Payments</u> | (These are approximate payment amounts. The actual payment will be determined at funding date)

36 Monthly payments of \$2 162 68
48 Monthly payments of \$1 640 93
Arrears |
| 7 | <u>Lease Rate</u> | 36 - 1 94% 48 - 2 04% |
| 8 | <u>Funding Date</u> | This proposal is contingent upon the equipment being delivered and the lease funded prior to 9/30/2016. Any extension of the funding or delivery date must be in writing |
| 9 | <u>Purchase Option</u> | Title is passed to Lessee at lease expiration for no further consideration |
| 10 | <u>Non-appropriation/Termination</u> | The lease provides that Lessee is to make reasonable efforts to obtain funds to satisfy the obligation in each fiscal year. However, the lease may be terminated without penalty in the event of non-appropriation. In such event, the Lessee |

agrees to provide an attorney's opinion confirming the events of non-appropriation and Lessee's exercise of diligence to obtain funds

- 11 Bank Qualification This lease-purchase financing shall be designated as a bank qualified tax-exempt transaction as per the 1986 Federal Tax Bill. **This means that the Lessee's governing body will pass a resolution stating that it does not anticipate issuing more than \$10 million in General Obligation debt or other debt falling under the Tax Bill's definition of qualifying debt during the calendar year that the lease is funded**
- 12 Tax Status This proposal is subject to the Lessee being qualified as a governmental entity or political subdivision within the meaning of Section 103(a) of the Internal Revenue Code of 1954 as amended within the meaning of said Section. Lessee agrees to cooperate with Lessor in providing evidence as deemed necessary or desirable by Lessor to substantiate such tax status
- 13 Net Lease This will be a net lease transaction whereby maintenance insurance taxes (if applicable) compliance with laws and similar expenses shall be borne by Lessee
- 14 Financial Statements Complete and current financial statements must be submitted to Lessor for review and approval of Lessee creditworthiness
- 15 Lease Documentation This equipment lease-purchase package is subject to the mutual acceptance of lease-purchase documentation within a reasonable time period otherwise payments will be subject to market change

If the foregoing is acceptable please so indicate by signing this letter in the space provided below and returning it to BancorpSouth Equipment Finance. **The proposal is subject to approval by BancorpSouth Equipment Finance's Credit Committee and to mutually acceptable terms, conditions and documentation**

Acceptance of this proposal expires as the close of business on 8/31/2016. Extensions must be approved by the undersigned

Any concerns or questions should be directed to Bob Lee at 1-800-222 1610



Bob Lee
Municipal Finance Manager

ACKNOWLEDGMENT AND ACCEPTANCE

By _____
Title

Date _____



Clay County Mississippi
Page 2


This proposal assumes compliance by the County with applicable state and federal law governing borrowings by political subdivisions. In addition, normal Bank credit approval requirements for lending to these types of entities would apply. Credit approval includes approval of both the manufacturer and vendor of the Equipment to be purchased. Necessary documentation would include, but not be limited to, a legal and tax opinion from issuer's legal counsel. Liability and physical damage insurance would be required with Hancock Bank being shown as the additional insured and/or loss payee as its interest may appear.

This proposal is good if accepted within 30 days and the obligation is funded within 60 days of the date of this letter.

Thank you for considering Hancock Bank for your Governmental Leasing needs!

Sincerely,

HANCOCK BANK


Jonathan King
Government Leasing
Public Finance Department

Accept 36 months

Post Office Box 4019 • Gulfport, MS 39502
1 800 522 6542 • hancockbank.com



7/29/2016

Sent via aberry@claycounty.ms.gov

Clay County
P O Box 815
West Point MS 39773

It is a pleasure to submit for your consideration the following proposal to provide lease-purchase financing based on the terms and conditions set forth below

- 1 Lessor BancorpSouth Equipment Finance a division of BancorpSouth Bank
- 2 Lessee Clay County
- 3 Equipment Description 2015 Freightliner Tractor/Truck
- 4 Equipment Cost \$107 945 00
- 5 Lease Term 3 or 4 Years
- 6 Lease Payments (These are approximate payment amounts. The actual payment will be determined at funding date)

36 Monthly payments of \$3 089 00
48 Monthly payments of \$2 343 77
Arrears
- 7 Lease Rate 36 - 1 94% 48 - 2 04%
- 8 Funding Date This proposal is contingent upon the equipment being delivered and the lease funded prior to 9/30/2016. Any extension of the funding or delivery date must be in writing.
- 9 Purchase Option Title is passed to Lessee at lease expiration for no further consideration
- 10 Non-appropriation/Termination The lease provides that Lessee is to make reasonable efforts to obtain funds to satisfy the obligation in each fiscal year. However, the lease may be terminated without penalty in the event of non-appropriation. In such event, the Lessee

agrees to provide an attorney's opinion confirming the events of non appropriation and Lessee's exercise of diligence to obtain funds

- 11 **Bank Qualification** This lease-purchase financing shall be designated as a bank qualified tax-exempt transaction as per the 1986 Federal Tax Bill. This means that the Lessee's governing body will pass a resolution stating that it does not anticipate issuing more than \$10 million in General Obligation debt or other debt falling under the Tax Bill's definition of qualifying debt during the calendar year that the lease is funded
- 12 **Tax Status** This proposal is subject to the Lessee being qualified as a governmental entity or political subdivision within the meaning of Section 103(a) of the Internal Revenue Code of 1954 as amended within the meaning of said Section. Lessee agrees to cooperate with Lessor in providing evidence as deemed necessary or desirable by Lessor to substantiate such tax status
- 13 **Net Lease** This will be a net lease transaction whereby maintenance, insurance taxes (if applicable) compliance with laws and similar expenses shall be borne by Lessee
- 14 **Financial Statements** Complete and current financial statements must be submitted to Lessor for review and approval of Lessee creditworthiness
- 15 **Lease Documentation** This equipment lease-purchase package is subject to the mutual acceptance of lease-purchase documentation within a reasonable time period otherwise payments will be subject to market change

If the foregoing is acceptable please so indicate by signing this letter in the space provided below and returning it to BancorpSouth Equipment Finance. **The proposal is subject to approval by BancorpSouth Equipment Finance's Credit Committee and to mutually acceptable terms, conditions and documentation**

Acceptance of this proposal expires as the close of business on 8/31/2016. Extensions must be approved by the undersigned

Any concerns or questions should be directed to Bob Lee at 1-800-222-1610



Bob Lee
Municipal Finance Manager

ACKNOWLEDGMENT AND ACCEPTANCE

By _____
Title

Date _____

NO _____

**IN THE MATTER OF AUTHORIZING PAYMENT TO PRECISION
COMMUNICATION FOR RADIO TOWER SERVICES**

There came on this day for consideration the matter of authorizing payment to Precision Communication for Radio Tower Services

It appears to this Board lightning struck the radio tower located on Pinkerton Road requiring the said tower to be replaced, and

It appears to this Board comes the Sheriff, Eddie Scott, requesting this Board's approval to contract with Precision Communication to replace and install a new radio tower as estimated in the quote as attached hereto as Exhibit A

After motion by Luke Lummus and second by Shelton Deanes this Board doth vote unanimously to authorize and approve of contracting with Precision Communication to replace and install the said radio as located on Pinkerton Road

SO ORDERED this the 1st day of August, 2016



President

PRECISION COMMUNICATIONS, INC

PRECISION COMMUNICATIONS, INC
 P O BOX 1685
 TUPELO MS 38802

(662) 844-3118
 precisioncommunicationsinc@gmail.com
 www.precisioncomm.com

Estimate

Date	Estimate #
07/18/2016	4956
	Exp Date

Address
CLAY COUNTY SHERIFF P O BOX 142 WEST POINT, MS 39773

Item Description	Quantity	Rate	Amount
<ul style="list-style-type: none"> • IBR1150LPE, INCLUDES 2 CRADLE POINT UNITS, POWER SUPPLIES, LIGHTNING ARRESTORS, 2 OUTDOOR ANTENNA KITS, 2 CSPIRE SIM CARDS • LABOR TO OPTIMIZE SYSTEM • CUSTOMER IS TO SUPPLY A SIM CARD FOR TESTING AND ALSO BE RESPONSIBLE FOR MONTHLY AIR TIME FEES <p>NOTE THIS WILL GET THE LINK BETWEEN THE TWO TOWERS AT GROUND LEVEL AND LIGHTNING SHOULD NOT BE AN ISSUE GOING FORWARD</p>	1	2,635 90	2,635 90
	1	500 00	500 00

Still requires
 monthly air time
 fee.
 Both locations

PRICES GOOD FOR 90 DAYS FROM ABOVE DATE	Total	\$3,135 90
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PROPOSAL BY BRAD MOORE

Accepted By _____ Accepted Date _____

Estimate 4956

PRECISION COMMUNICATIONS, INC

PRECISION COMMUNICATIONS INC
 P O BOX 1685
 TUPELO, MS 38802
 (662) 844-3118
 precisioncommunicationsinc@gmail.com
 www.precisioncomm.com

Estimate

Date	Estimate #
07/18/2016	4955
	Exp Date

Address
CLAY COUNTY SHERIFF P O BOX 142 WEST POINT, MS 39773

Item Description	Quantity	Rate	Amount
• MICROWAVE RADIO #XL5802, LITE KIT CONN #368590, 9058071	1	2 387 22	2,387 22
LABOR TO CLIMB TOWER, REMOVE BAD RADIO REPLACE WITH NEW RADIO AND TEST	1	1,250 00	1 250 00
LABOR TO OPTIMIZE SYSTEM	1	500 00	500 00
<i>Advise Brad to get together 7/25/2016</i>			
		Total	\$4 137 22

PRICES GOOD FOR 90 DAYS FROM ABOVE DATE

PROPOSAL BY BRAD MOORE

Accepted By

Accepted Date

Estimate 4955

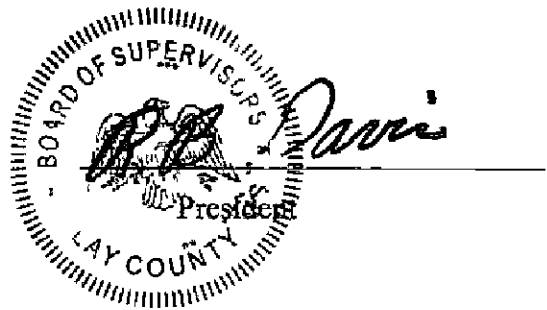
NO _____

**IN THE MATTER OF MAKING AN APPOINTMENT TO THE GOLDEN TRIANGLE
LINK BOARD OF DIRECTORS**

There came on this day for consideration the matter of making an appointment to the Golden Triangle LINK Board of Directors

After motion by Luke Lummus and second by Lynn Horton this Board doth vote unanimously to authorize and approve to appoint LaDonna Helveston to serve as the County Representative on the Golden Triangle LINK Board of Directors

SO ORDERED this the 1st day of August, 2016





GOLDEN TRIANGLE DEVELOPMENT LINK

July 25, 2016

1102 Main Street
PO Box 1328
Columbus MS 39703
P 662 328 8369
F 662 327 3417
www.gtrlink.org

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

Dear President Davis,

This letter serves as notice to the Clay County Board of Supervisors to appoint three (3) representatives to the Board of Directors of the Golden Triangle Development LINK. These appointments, as defined in the contractual agreement between the GTRLINK and the Board, will serve two or three year terms beginning October 2016.

Once appointed, the current Executive Committee of the GTRLINK will select two of the appointees to serve as members of the Executive Committee. The two appointees selected will be eligible for office within the Executive Committee. Members of the Executive Committee serve two-year terms unless elected to office.

The GTR LINK Executive Committee reserves the right to deny appointments and request new appointees should a conflict arise.

Traditionally, the GTR LINK board of directors has been an elite group comprised of qualified, decision-making individuals. The charge of the GTR LINK Board of Directors has a dramatic impact on the economic health of our community. It is imperative that individuals selected to serve must be capable and willing to take an active role in the growth and development of the Golden Triangle region.

If your community has inter-local an agreement for the appointment of representatives, please submit all appointees together in the same document using the format on the following page.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Max Higgins, Jr.", written over a horizontal line.

Joe Max Higgins, Jr
CEO, Golden Triangle Development LINK

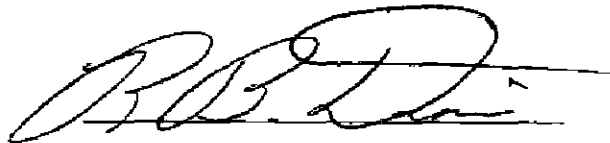
NO _____

IN THE MATTER OF RECESSING

There came on this day for consideration the matter of recessing

After motion by Lynn Horton and second by Luke Lummus this Board doth vote unanimously to authorize to recess until Tuesday, August 2, 2016, at 9 00 a m at the Clay County Courthouse

SO ORDERED this the 1st day of August, 2016

A handwritten signature in black ink, appearing to be "B.B. Lummus", written over a horizontal line.

President