

Brunswick County Tax Office
Prepayment Request Form For Division Of Property

Date: _____

Current Owner(s): _____

Current tax ID number: _____ Previous tax ID number (if applicable): _____

Legal description of property requesting value for:

Lot: _____ Block: _____ Section: _____ Tract: _____

Unit: _____ Subdivision: _____ Plat/Page: _____

*Acres: _____ ***Deed Reference: _____ ***Deed Date: _____

Any improvements?: _____ If so, are improvements on your tract? _____

If so, identify from tax card _____

**Physical Address: _____

City: _____ Fire: _____ SAD: _____ Water: _____ San. Dist: _____

Year value requested for: _____

Signature of person requesting prepays

(Give copy to person requesting information)

*Must have calculated acreage.

**Recorded plat or copy of plat. (Will accept copy of tax map with area drawn in if signed and dated by requester)

***For new division

FOR OFFICE USE ONLY

Name of billing owner: _____

Account #: _____ Tax ID #: _____

For Tax Collection Office

			<u>Rate</u>	<u>Tax</u>	<u>Costs</u>	<u>Total</u>	<u>Date</u>	<u>Initials</u>
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Disc. yr _____	For Year _____	Value _____	RP _____	_____	_____	_____	_____	_____
	Year _____	Value _____	RP _____	_____	_____	_____	_____	_____
	Year _____	Value _____	RP _____	_____	_____	_____	_____	_____
City Code: _____								
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Sanitary District Code _____								
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Fire District Code _____								
Year _____	Fee _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Fee _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Fee _____	RP _____	_____	_____	_____	_____	_____	_____
Hospital _____								
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
Year _____	Value _____	RP _____	_____	_____	_____	_____	_____	_____
SAD Code _____								
Year _____	= Units _____	PP Unit _____	_____	_____	_____	_____	_____	_____
Water Code _____								
Year _____	= Units _____	PP Unit _____	_____	_____	_____	_____	_____	_____

Total Tax _____

Release Pending: Yes _____ No _____

Date: _____ Initials: _____ Real
 Date: _____ Initials: _____ Personal

(G.S. 105-359 - Any adjustments will be made later)