



## **DELINQUENT TAX OFFICE**

222 MCDANIEL AVENUE B-15

PICKENS, SC 29671

(864)898-5890

[WWW.CO.PICKENS.SC.US](http://WWW.CO.PICKENS.SC.US)

[PCDELINQUENTTAX@CO.PICKENS.SC.US](mailto:PCDELINQUENTTAX@CO.PICKENS.SC.US)

### **NOTIFICATION OF AVAILABLE FUNDS**

Dear Previous Owner(s):

If your property was sold at a Pickens County Delinquent Tax Sale, the sale of that property may have produced funds in excess of the total taxes, assessments, penalties, and costs due. These excess funds ("overage") are now available to be claimed by the owner of record immediately before the end of the redemption period.

**This overage can be claimed by completing the following steps:**

1. Fully complete the enclosed form. Form must be signed in the presence of a Notary and properly notarized.
2. Attach proof of identification (a copy of a valid I.D. or driver's license).
3. Mail the required documents to the Pickens County Delinquent Tax Office at the following address:

**Pickens County Delinquent Tax Office**

**Attn: Overage**

**222 McDaniel Ave. B-15**

**Pickens, SC 29671**

**Attention: There is no cost to you to claim overage funds. If you have any questions or believe you have funds to claim from property sold at tax sale, please contact us at 864-898-5890.**



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Individual Claiming Overage: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Interest in Property: \_\_\_\_\_  
(Owner, Heir, Personal Representative, Etc.)

Parcel Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Claim: \_\_\_\_\_ Claim Amount: \_\_\_\_\_

I, the undersigned, hereby request the above stated overage amount from the Delinquent Tax Office of Pickens County, South Carolina, representing funds in excess of all taxes, assessments, penalties, and costs produced by the sale of above referenced property at the Delinquent Tax sale.

I, the undersigned, further indemnify and hold Pickens County, its agents and employees harmless against claims by any other persons for such overage and waive all causes of actions against the County, its agents or employees, arising out of tax sale. I also understand that by signing this request I acknowledge that I am the legitimate and rightful owner of overage requested, whether all of a portion of total overage available.

SWORN to before me this day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public for \_\_\_\_\_ (state)

County of \_\_\_\_\_

Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_