

**CAMDEN COUNTY BOARD OF COUNTY COMMISSIONERS
AGENDA MEMORANDUM**

SUBJECT: Approve and Authorize Tax Release Applications

DEPARTMENT: Tax Commissioner

AUTHORIZED BY: Steve Howard **CONTACT:** Beth Soles – 576-3248

MOTIONS/RECOMMENDATIONS:

1. Approve and Authorize the Tax Release Applications.
-

BACKGROUND:

Please review attached documents submitted by the Tax Commissioner's office.

STAFF RECOMMENDATION:

Approve and authorize the Tax Release Applications.

ATTACHMENTS:

1. Tax Release Applications

PAYER NAME Crosby, Jack		<input type="checkbox"/> REQUEST FOR TAX CREDIT		<input type="checkbox"/> REQUEST FOR REFUND	
ADDRESS Rt 1 Box 803		DIGEST YEAR 1995	BILL NUMBER 546	TAX AMOUNT DUE 35.53	
LOCATION OF PROPERTY Folkston GA 31537		DUE DATE 5/11	DATE PAID	AMOUNT PAID	
DESCRIPTION OF PROPERTY No info old Act Number					

RECEIVED
AUG 12 2008
BY: **DA**

request a (credit/refund) for State, County and School Taxes in the amount of \$ 35.53 illegally or erroneously assessed against me. My claim is based upon the following facts:
Old Act No info showing in Computer Statute of limitations!

DO NOT request a hearing before the county Governing Authority concerning this claim.

PAYER'S SIGNATURE _____ DATE _____

NOTE: Request for a tax credit must be filed before the date taxes become delinquent, otherwise taxes must be paid as charged and a refund requested. Disagreement by Tax Collector/Commissioner and/or Board of Tax Assessors does not bar relief. The final authority to approve your request is vested with the County Governing Authority.

DISPOSITION		
TAX COLLECTOR/COMMISSIONER [Signature]	<input checked="" type="checkbox"/> AGREES <input type="checkbox"/> DISAGREES	DATE 8/14/08

TAX ASSESSORS [Signature]	<input type="checkbox"/> AGREES <input type="checkbox"/> DISAGREES	DATE
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COUNTY GOVERNING AUTHORITY	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	DATE
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	ORIGINAL LIABILITY ON DIGEST	RELIEF GRANTED	REVISED LIABILITY
GROSS ASSESSMENT:	2500	2500	0
State	.25	.25	0
County M&O	11.10	11.10	0
County Bond	.03	.03	0
School M&O	14.00	14.00	0
School Bond	.15	.15	0
Adm fee	10.00	10.00	0
TOTAL	35.53	35.53	0

Print Key Output
5722SS1 V5R3M0 040528

CAMDE520

Page 1
08/11/08 14:17:32

Display Device : QPADEV0009
User : KIM

FDMBFM		BETH SOLES CAMDEN COUNTY TAX COMM			8/11/08			
FDMBFM01		M/H Bills on File for Acct		3817		14:17:25		
0002 First Yr		Interest & Penalty Calculated through			2008 08 11			
L#	Bill Number	Taxpayer Name	Original Amt	Unpd Balance	T/A	Date		
1	1995M000546	CROSBY, JAMES V.	35.53	96.28				
2	2000O003256	ZOW JOHN E	329.77	.00		2000/03/01		
3	2001O003730	ZOW JOHN E	292.82	.00		2003/08/21		
4	2002O003314	ZOW JOHN E	318.99	.00		2003/08/21		
5	2003O002989	ZOW JOHN E	309.98	.00		2003/08/21		
6	2004M002994	ZOW JOHN E	270.73	.00		2004/07/15		
7	2005M002969	ZOW JOHN E	228.16	.00		2005/09/07		
8	2006M003011	ZOW JOHN E	205.86	.00		2007/02/14		
9	2007M003048	ZOW JOHN E & MARY ANN	10.00	.00		2007/05/22		
10	2008M002964	ZOW JOHN E & MARY ANN	10.00	.00	*U	2008/08/11		

Select Line Number for Options

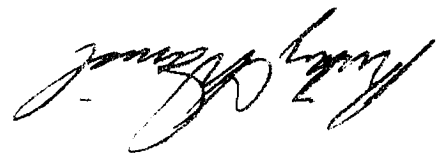
Screen Total

96.28

F3=Return

F5=Recalculate

Acct # 3817



Print Key Output

5722SS1 V5R3M0 040528

CAMDE520

08/11/08 14:36:50

Display Device : QPADEV0009
User : KIM

TP01A02

Mobile Homes Digest

Date: 8/11/08
Time: 14:36:49

Account Number: 3817
Digest Year...: 1995
Status.....: (A,I or blank)
Tax District...: 04
Home Location.: BELLUAH MOBILE HOME PARK LT 3
City, State Zip: KINGSLAND GA 31548

Map Block Parcel Sub-Parcel
Park...:
Lot#...:

Taxpayer Name.: CROSBY, JAMES V
Mailing Address
RT 1 BOX 803

City: FOLKSTON St. GA Zip 31537 Homestead Code N

Manufacturer...: Yr.Model.: Pur.Date:
Mfg.ID#.....: 1RWTWLDL4P1000453 Width....: Cur.Pmt#: 1995
Model no.....: Length...: Prv.Pmt#:
Title no.....: New/Used.: Dealer...: N
FM Value.....: 2500 Class....: Lender...:
FMV Additions.: Factor...: FMV Adj.:

F1=Options F4=Delete F10=Create Bill F13=Additions F15=Adjustment
F3=Return F6=Duplicate F11=Assessments F14=Lender Cd

Print Key Output

5722SS1 V5R3M0 040528

CAMDE520

08/11/08 14:37:13

Display Device : QPADEV0009
User : KIM

TP01A02

Mobile Homes Digest

Date: 8/11/08
Time: 14:36:58

Account Number:	3817				
Digest Year....:	2008	Map	Block	Parcel	Sub-Parcel
Status.....:	(A,I or blank)	027		057A	
Tax District...:	43				
Home Location..:	OWENS FERRY ROAD	5272		Park...:	
City, State Zip				Lot#...:	

Taxpayer Name.: ZOW JOHN E & MARY ANN
Mailing Address
5272 OWENS FERRY RD

City: WHITE OAK St. GA Zip 31568 2435 Homestead Code Y

Manufacturer...:	REDMAN	Yr.Model..:	1996	Pur.Date:	19990000
Mfg.ID#.....:	FLA14610678A&B	Width....:	28	Cur.Pmt#:	2008 2073
Model no.....:	REDMAN	Length...:	56	Prv.Pmt#:	2007 1839
Title no.....:		New/Used..:	U	Dealer...:	N
FM Value.....:	19579	Class....:		Lender...:	
FMV Additions..:	222	Factor...:		FMV Adj..:	

F1=Options	F4=Delete	F10=Create Bill	F13=Additions	F15=Adjustment
F3=Return	F6=Duplicate	F11=Assessments	F14=Lender Cd	

TAXPAYER NAME <u>Thomas Thiapen</u>		<input type="checkbox"/> REQUEST FOR TAX CREDIT <input checked="" type="checkbox"/> REQUEST FOR REFUND	
ADDRESS <u>143 Sanna Bluff Rd E</u>	DIGEST YEAR <u>2006</u>	BILL NUMBER	TAX AMOUNT DUE <u>309.15</u>
<u>Woodbine Ga 31569</u>	DUE DATE <u>9-13-06</u>	DATE PAID <u>9-5-06</u>	AMOUNT PAID <u>300.75</u>

DESCRIPTION OF PROPERTY
2005 Toyota Tacoma pickup 3TMKU72N65MDD1558

I hereby request a (credit/refund) for State, County and School Taxes in the amount of \$ 91.60 ~~99.50~~ illegally or erroneously assessed against me. My claim is based upon the following facts:
Taxed in City of Woodbine instead of County #43

I DO () DO NOT () request a hearing before the county Governing Authority concerning this claim.

TAXPAYER'S SIGNATURE Candice Thiapen DATE 8/15/08

NOTE: Request for a tax credit must be filed before the date taxes become delinquent, otherwise taxes must be paid as charged and a refund requested. Disagreement by Tax Collector/Commissioner and/or Board of Tax Assessors does not bar relief. The final authority to approve your request is vested with the County Governing Authority.

DISPOSITION		
TAX COLLECTOR/COMMISSIONER X <u>Bill Jones</u>	<input checked="" type="checkbox"/> AGREES (<input type="checkbox"/>) DISAGREES	DATE <u>8/19/08</u>
COMMENTS:		

BOARD OF TAX ASSESSORS X	(<input type="checkbox"/>) AGREES (<input type="checkbox"/>) DISAGREES	DATE
COMMENTS:		

COUNTY GOVERNING AUTHORITY X	(<input type="checkbox"/>) GRANTED (<input type="checkbox"/>) DENIED	DATE
COMMENTS:		

	ORIGINAL LIABILITY ON DIGEST	RELIEF GRANTED	REVISED LIABILITY
GROSS ASSESSMENT:			
TAX: State			
County M&O			
County Bond			
School M&O			
School Bond			
<u>City of Woodbine</u>	<u>300.75</u>	<u>91.60</u>	<u>209.15</u>
TOTAL	<u>300.75</u>	<u>91.60</u>	<u>209.15</u>

GEORGIA MVD - RECEIPT (COPY)

STATE OF GEORGIA
MOTOR VEHICLE RECEIPT

3TMKU72N65M001558 - 2005 TOYT TACOMA DOUBLE TK

THOMAS WADE THIGPEN
2005 TOYT TK
3TMKU72N65M001558
775379051583018
0960 09/05/2006 \$096CCV
CHCK
Ck#: 591

STANDARD TAG FEE 20.00
2006 AD VALOREM TAX 300.75
TOTAL FEES PAID 320.75

PURCH DT:
APP DT: 08/15/2008

DUPLICATE RECEIPT
DUPLICATE RECEIPT
DUPLICATE RECEIPT

Tag Number: BQ68X9 Expires: 09/13/2007
Valuation 110655 \$7710 Tag Fee: 20.00
Title Number: 775379051583018 Equip. No:
County: 096 District: 03 Mill Rate: 39.0080 Fuel: G
Farm Vehicle? GVW: Color: BLK
Classification: BOBWHITE QUAIL
Insurance Status: VALID INSURANCE COVERAGE
Customer 1 No: 000052287184 Customer 2 No:

THOMAS WADE THIGPEN
PO BOX 353
WOODBINE GA 31569-0353

Signature: _____

TAXPAYER NAME <i>Thomas Thiapen</i>	<input type="checkbox"/> REQUEST FOR TAX CREDIT <input checked="" type="checkbox"/> REQUEST FOR REFUND		
ADDRESS <i>143 Scilla Buitt Rd E</i>	DIGEST YEAR <i>2005</i>	BILL NUMBER	TAX AMOUNT DUE <i>232.31</i>
<i>Woodbine Ga 31569</i>	DUE DATE <i>9-13-05</i>	DATE PAID <i>8-30-05</i>	AMOUNT PAID <i>336.24</i>

DESCRIPTION OF PROPERTY
2005 Toyota Tacoma pickup 3TMBU72N16511001058

I hereby request a (credit/refund) for State, County and School Taxes in the amount of \$ 103.93 illegally or erroneously assessed against me. My claim is based upon the following facts:
Taxed in City of Woodbine instead of County #4

I DO () DO NOT () request a hearing before the county Governing Authority concerning this claim.

TAXPAYER'S SIGNATURE *Candice Shipper* DATE *8/15/08*

NOTE: Request for a tax credit must be filed before the date taxes become delinquent, otherwise taxes must be paid as charged and a refund requested. Disagreement by Tax Collector/Commissioner and/or Board of Tax Assessors does not bar relief. The final authority to approve your request is vested with the County Governing Authority.

DISPOSITION		
TAX COLLECTOR/COMMISSIONER <i>[Signature]</i>	<input checked="" type="checkbox"/> AGREES <input type="checkbox"/> DISAGREES	DATE <i>8/19/08</i>

COMMENTS:

BOARD OF TAX ASSESSORS <i>X</i>	<input type="checkbox"/> AGREES <input type="checkbox"/> DISAGREES	DATE
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COMMENTS:

COUNTY GOVERNING AUTHORITY <i>X</i>	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	DATE
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COMMENTS:

	ORIGINAL LIABILITY ON DIGEST	RELIEF GRANTED	REVISED LIABILITY
GROSS ASSESSMENT:			
TAX: State			
County M & O			
County Bond			
School M & O			
School Bond			
<i>City of Woodbine</i>	<i>336.24</i>	<i>103.93</i>	<i>232.31</i>
TOTAL	<i>336.24</i>	<i>103.93</i>	<i>232.31</i>

GEORGIA MVD - RECEIPT (COPY)

STATE OF GEORGIA
MOTOR VEHICLE RECEIPT

3TMKU72N65M001558 - 2005 TOYT TACOMA DOUBLE TK

THOMAS WADE THIGPEN
2005 TOYT TK
3TMKU72N65M001558
775379051583018
0960 08/30/2005 \$096BAH

STANDARD TAG FEE	20.00
2005 AD VALOREM TAX	336.24
TOTAL FEES PAID	356.24

Tag Number:	BQ68X9	Expires:	09/13/2006
Valuation	110655 \$8470	Tag Fee:	20.00
Title Number:	775379051583018	Equip. No:	
County:	096 District: 03	Mill Rate:	39.6980 Fuel: G
Farm Vehicle?		GVW:	Color: BLK
Classification:	BOBWHITE QUAIL		
Insurance Status:	VALID INSURANCE COVERAGE		
Customer 1 No:	000052287184	Customer 2 No:	

PURCH DT:
APP DT: 08/15/2008

DUPLICATE RECEIPT
DUPLICATE RECEIPT
DUPLICATE RECEIPT

THOMAS WADE THIGPEN
PO BOX 353
WOODBINE GA 31569-0353

Signature: _____

TAXPAYER NAME THOMAS WADE THIERPEN		<input type="checkbox"/> REQUEST FOR TAX CREDIT <input checked="" type="checkbox"/> REQUEST FOR REFUND	
ADDRESS 143 SETHIA BLUFF RD E		DIGEST YEAR 2007	BILL NUMBER 30.78
Woodbine Ga 31569		DUE DATE 9-13-07	DATE PAID 8-22-07
DESCRIPTION OF PROPERTY 2003 Yamaha motorcycle JYAVMO1E33A051507		AMOUNT PAID 44.44	

I hereby request a (credit/refund) for State, County and School Taxes in the amount of \$ 13.66 illegally or erroneously assessed against me. My claim is based upon the following facts:
Taxed in City of Woodbine instead of County #43

I DO DO NOT request a hearing before the county Governing Authority concerning this claim.

TAXPAYER'S SIGNATURE *Cardica Shigpen* DATE 8/15/08

NOTE: Request for a tax credit must be filed before the date taxes become delinquent, otherwise taxes must be paid as charged and a refund requested. Disagreement by Tax Collector/Commissioner and/or Board of Tax Assessors does not bar relief. The final authority to approve your request is vested with the County Governing Authority.

DISPOSITION

TAX COLLECTOR/COMMISSIONER <u><i>Dee Wells</i></u>	<input checked="" type="checkbox"/> AGREES <input type="checkbox"/> DISAGREES	DATE <u>8/19/08</u>
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BOARD OF TAX ASSESSORS <u>X</u>	<input type="checkbox"/> AGREES <input type="checkbox"/> DISAGREES	DATE
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COUNTY GOVERNING AUTHORITY <u>X</u>	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	DATE
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	ORIGINAL LIABILITY ON DIGEST	RELIEF GRANTED	REVISED LIABILITY
GROSS ASSESSMENT:			
TAX: State			
County M & O			
County Bond			
School M & O			
School Bond			
<u>City of Woodbine</u>	<u>44.44</u>	<u>13.66</u>	<u>30.78</u>
TOTAL	<u>44.44</u>	<u>13.66</u>	<u>30.78</u>

GEORGIA MVD - RECEIPT (COPY)

STATE OF GEORGIA
MOTOR VEHICLE RECEIPT

JYAVM01E33A051507 - 2003 YAMA XVS65AR-B MC

THOMAS WADE THIGPEN
2003 YAMA MC
JYAVM01E33A051507
776909071653096
0960 08/22/2007 \$096RVS
CHCK
Ck#: 580

STANDARD TAG FEE	20.00
2007 AD VALOREM TAX	44.44
TOTAL FEES PAID	64.44

PURCH DT:
APP DT: 08/15/2008

DUPLICATE RECEIPT
DUPLICATE RECEIPT
DUPLICATE RECEIPT

Tag Number:	CY5EVN	Expires:	09/13/2008
Valuation	110533 \$1140	Tag Fee:	20.00
Title Number:	776909071653096	Equip. No:	
County: 096	District: 03	Mill Rate: 38.9800	Fuel: G
Farm Vehicle?	GVW:	Color:	BLK
Classification:	PRIVATE MOTORCYCLE		
Insurance Status:	VALID INSURANCE COVERAGE		
Customer 1 No:	000052287184	Customer 2 No:	

THOMAS WADE THIGPEN
PO BOX 353
WOODBINE GA 31569-0353

Signature: _____

TAX RELEASE APPLICATION

NUMBER _____

TAXPAYER NAME <u>Thomas Thigpen</u>		<input type="checkbox"/> REQUEST FOR TAX CREDIT <input checked="" type="checkbox"/> REQUEST FOR REFUND	
ADDRESS <u>143 Sahila Bluff Rd E</u>		DIGEST YEAR <u>2007</u>	BILL NUMBER
<u>Woodbine Ga 31569</u>		DUE DATE <u>9-30-07</u>	DATE PAID <u>8-22-07</u>
DESCRIPTION OF PROPERTY		TAX AMOUNT DUE <u>1.08</u>	AMOUNT PAID <u>1.56</u>

1978 Homemade boat trailer T693346

I hereby request a (credit/refund) for State, County and School Taxes in the amount of \$.48 illegally or erroneously assessed against me. My claim is based upon the following facts:
Taxed in City of Woodbine instead of County #43

I DO DO NOT request a hearing before the county Governing Authority concerning this claim.

TAXPAYER'S SIGNATURE Candice Thigpen DATE 8/15/08

NOTE: Request for a tax credit must be filed before the date taxes become delinquent, otherwise taxes must be paid as charged and a refund requested. Disagreement by Tax Collector/Commissioner and/or Board of Tax Assessors does not bar relief. The final authority to approve your request is vested with the County Governing Authority.

DISPOSITION

TAX COLLECTOR/COMMISSIONER <u>Bruce Jones</u>	<input checked="" type="checkbox"/> AGREES <input checked="" type="checkbox"/> DISAGREES	DATE <u>8/19/08</u>
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COMMENTS:

BOARD OF TAX ASSESSORS <u>X</u>	<input type="checkbox"/> AGREES <input type="checkbox"/> DISAGREES	DATE
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COMMENTS:

COUNTY GOVERNING AUTHORITY <u>X</u>	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	DATE
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COMMENTS

	ORIGINAL LIABILITY ON DIGEST	RELIEF GRANTED	REVISED LIABILITY
GROSS ASSESSMENT:			
TAX: State			
County M&O			
County Bond			
School M&O			
School Bond			
<u>City of Woodbine</u>	<u>1.56</u>	<u>.48</u>	<u>1.08</u>
TOTAL	<u>1.56</u>	<u>.48</u>	<u>1.08</u>

GEORGIA MVD - RECEIPT (COPY)

STATE OF GEORGIA
MOTOR VEHICLE RECEIPT

T693346 - 1972 HOME BOAT TL

THOMAS WADE THIGPEN
1972 HOME TL
T693346
996326061014096 (NON-TITLE)
0960 08/22/2007 \$096RVS
CHECK
Ck#: 581

STANDARD TAG FEE 12.00
2007 AD VALOREM TAX 1.56
TOTAL FEES PAID 13.56

PURCH DT:
APP DT: 08/15/2008

DUPLICATE RECEIPT
DUPLICATE RECEIPT
DUPLICATE RECEIPT

Tag Number: TL0209B Expires: 09/13/2008
Valuation 00010U \$40 Tag Fee: 12.00
Title Number: 996326061014096 (NON-TITLE) Equip. No:
County: 096 District: 03 Mill Rate: 38.9800 Fuel:
Farm Vehicle? GVV: Color:
Classification: TRAILER
Insurance Status: EXEMPT FROM INSURANCE
Customer 1 No: 000052287184 Customer 2 No:

THOMAS WADE THIGPEN
PO BOX 353
WOODBINE GA 31569-0353

Signature: _____

TAX RELEASE APPLICATION

NUMBER _____

TAXPAYER NAME <u>Thomas Thigpen</u>		<input type="checkbox"/> REQUEST FOR TAX CREDIT <input checked="" type="checkbox"/> REQUEST FOR REFUND	
ADDRESS <u>43 Sahila Bluff Rd E</u>		DIGEST YEAR <u>2007</u>	TAX AMOUNT DUE <u>203.85</u>
<u>Woodbine Ga 31509</u>		DUE DATE <u>9-13-07</u>	DATE PAID <u>9-4-07</u>
DESCRIPTION OF PROPERTY <u>2005 Toyota Tacoma pickup 3TMKU72N65M001558</u>			
AMOUNT PAID <u>294.30</u>			

I hereby request a (credit/refund) for State, County and School Taxes in the amount of \$ 90.45 illegally or erroneously assessed against me. My claim is based upon the following facts:
instead of County # 43 Taxed in wrong district of City of Woodbine

I DO DO NOT request a hearing before the county Governing Authority concerning this claim.

TAXPAYER'S SIGNATURE Laniece Thigpen DATE 8/15/08

NOTE: Request for a tax credit must be filed before the date taxes become delinquent, otherwise taxes must be paid as charged and a refund requested. Disagreement by Tax Collector/Commissioner and/or Board of Tax Assessors does not bar relief. The final authority to approve your request is vested with the County Governing Authority.

DISPOSITION		
TAX COLLECTOR/COMMISSIONER X <u>Bruce Jones</u>	<input checked="" type="checkbox"/> AGREES <input type="checkbox"/> DISAGREES	DATE <u>8/19/08</u>

COMMENTS:

BOARD OF TAX ASSESSORS X _____	<input type="checkbox"/> AGREES <input type="checkbox"/> DISAGREES	DATE _____
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COMMENTS:

COUNTY GOVERNING AUTHORITY X _____	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	DATE _____
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COMMENTS:

	ORIGINAL LIABILITY ON DIGEST	RELIEF GRANTED	REVISED LIABILITY
GROSS ASSESSMENT:			
TAX: State			
County M&O			
County Bond			
School M&O			
School Bond			
<u>City Woodbine</u>	<u>294.30</u>	<u>90.45</u>	<u>203.85</u>
TOTAL	<u>294.30</u>	<u>90.45</u>	<u>203.85</u>

GEORGIA MVD - RECEIPT (COPY)

STATE OF GEORGIA
MOTOR VEHICLE RECEIPT

3TMKU72N65M001558 - 2005 TOYT TACOMA DOUBLE TK

THOMAS WADE THIGPEN
2005 TOYT TK
3TMKU72N65M001558
775379051583018
0960 09/04/2007 \$096RVS
CHCK
Ck#: 591

STANDARD TAG FEE	20.00
2007 AD VALOREM TAX	294.30
TOTAL FEES PAID	314.30

PURCH DT:
APP DT: 08/15/2008

DUPLICATE RECEIPT
DUPLICATE RECEIPT
DUPLICATE RECEIPT

Tag Number:	BQ68X9	Expires:	09/13/2008
Valuation	110655 \$7550	Tag Fee:	20.00
Title Number:	775379051583018	Equip. No:	
County: 096	District: 03	Mill Rate: 38.9800	Fuel: G
Farm Vehicle?	GVW:	Color:	BLK
Classification:	BOBWHITE QUAIL		
Insurance Status:	VALID INSURANCE COVERAGE		
Customer 1 No:	000052287184	Customer 2 No:	

THOMAS WADE THIGPEN
PO BOX 353
WOODBINE GA 31569-0353

Signature: _____