Form 61-903-02-1-1-000

Corrected form number and revision date.
Corrected spelling errors and text.
PETITION TO ADJUST EXEMPTION ON
HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL
MUNICIPALITIES

MARK THE TYPE OF ADJUSTMENT NEEDED FOR THIS PAGE. ONLY ONE TYPE OF ADJUSTMENT PER PAGE.

ADDITION ( ) DELETION ( ) CORRECTIONS ( )

COUNTY__________________________________________________________ Municipality_____________________________________________________________

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<th>PARCEL NUMBER</th>
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INSTRUCTIONS

If this page is being used to add an entry to the Homestead Exemption Municipal Roll, fill out the above line as it should have appeared on the original municipal roll. Do not consider the page/line no. column.

If this page is being used to delete an entry from the Homestead Exemption Municipal Roll, fill out the above line EXACTLY as it appears on the original municipal roll. Pay particular attention to the page/line no. column as this determines what line is to be deleted.

If this page is being used to correct an entry on the Homestead Exemption Municipal Roll, fill out the above line as it should have appeared on the original municipal roll. Pay particular attention to the page/line no. column as this determines what line is to be corrected.

FOR MSTD USE ONLY

Total Net Effect of adjustments __________________________

(date & initial) __________________________

Rejected adjustments are highlighted.
all others are approved.
ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF _________________________________________________________

IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S)
LISTED ON THE OTHER SIDE OF THIS FORM:

ORDER

This day came on for hearing and consideration by the Board of
Supervisors of _______________________________County, Mississippi,

petition of __________________________________________

for adjustment(s) in the homestead exemption(s) previously granted to
said taxpayer(s) on the page and line on said Homestead
Exemption Supplemental Roll as shown in said petition.

A it appearing to the Board of Supervisors from the evidence,
both oral and documentary, offered in support of said adjustment(s)
that the exemption(s) should be adjusted.

IT IS THEREFORE ORDERED by the Board of Supervisors of
_______________________________ County, Mississippi,
that the adjustment(s) on the other side of this form be adopted for the year
____________________.

IT IS FURTHER ORDERED, that the Clerk of this Board
certify two copies of this order to the State Tax Commission, for its approval or
disapproval; and if the foregoing order be approved by the State Tax

CLERK'S CERTIFICATE

I, ____________________________________, Clerk of the Board of
Supervisors of _______________________________ County, Mississippi, do
hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors.

Witness my hand and official seal, this the ____________ day of
_____________________________________, 20______.

___________________________________________
Clerk of the Board of Supervisors