

Tal Flurry  
Harrison County Tax Assessor  
P.O. Box 462  
Gulfport, MS 39502

## Personal Property Request For Review

Date \_\_\_\_\_ PPIN \_\_\_\_\_  
Business Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Owner's Name \_\_\_\_\_

In the space below, state briefly the reason for this request.  
("High Taxes" is not a valid reason for this review.)

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\*\*\*\*\* **Assessor's Office Use Only** \*\*\*\*\*

Current Value \$ \_\_\_\_\_ Taken By: \_\_\_\_\_ counter  mail

Appraiser's Recommendation: \_\_\_\_\_

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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By \_\_\_\_\_