



Oconee County Delinquent Tax

415 South Pine Street, Room 111 • P.O. Box 494 • Walhalla, SC • 29691
864-638-4147 • 864-638-4146 (Fax) • _delqtax@oconeesc.com

IMPORTANT! OFFICIAL OCONEE COUNTY DOCUMENT

NOTIFICATION OF AVAILABLE FUNDS

Dear Previous Owner(s):

If your property was sold at an Oconee 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 AT NO COST by completing the following steps:

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

**Oconee County Delinquent Tax
P.O. Box 494
Walhalla, SC 29691**

Overage claims will be processed within 30 days of receipt of correctly completed form and all necessary information.

Attention: There is no cost to you to claim overage funds. If you have questions, please contact our office as soon as possible at 864-638-4147.



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Individual Claiming Overage: _____

Address: _____

Telephone: _____

Email Address: _____

Interest in Property: _____

(Owner, Heir, Personal Representative, Etc.)

Date of Claim: _____ **Claim Amount:** _____

I, the undersigned, hereby request the above stated overage amount from the Delinquent Tax Collector of Oconee County, South Carolina, representing funds in excess of all taxes, assessments, penalties, and costs produced by the sale of above referenced property at Delinquent Tax Sale held October 3, 2011.

I, the undersigned, further indemnify and hold Oconee County, its agents and employees harmless against claims by any other persons for such overage and waive all causes of action 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 or a portion of total overage available.

Signature: _____

Name (printed): _____

SWORN to before me this _ day of _____, 20____.

Notary Public for _____ (state)

County of _____

My commission expires: _____
(seal)