



**APPLICATION FOR SECONDARY RESIDENCE
ON PERSONAL PROPERTY**

COUNTY OF LEXINGTON AUDITOR'S OFFICE

212 S. LAKE DRIVE STE # 103

LEXINGTON, SC 29072

PHONE (803) 785-8181 FAX (803) 785-8538

LCF700 (Rev. 03/24/2022)

SECTION 1 Tax and Property Information (As Shown on Receipt)

Receipt# _____ District _____
Type _____ Description _____

SECTION 2 Owner and Mailing Information (As Shown on Receipt)

Property Owner: _____ Special Mailing/New Address: _____
Owner Name _____ Name _____
Resident Address _____ Address _____
City, State, Zipcode _____ City, State, Zipcode _____

SECTION 3 Tax Filing/Refunding (When Applicable) and Contact Information

Social Security or Federal ID Number: _____ Contact Phone Number: _____
(IRS Requirement for 1099 Purpose)

SECTION 4 Classification Requested (See SC Code of Laws Ann. § 12-37-224 (2006))

6% Secondary Residence

SECTION 5 Acknowledgement (Initial Each Item)

_____ I certify that at the time of the application that neither I, nor any member of my household owns ANY other property (real or personal), for which I make the same the claim as indicated in this application as primary or secondary residence for income tax purposes.

_____ Should the property no longer meet the eligibility for this classification, I shall submit notification to Lexington County Auditor's Office immediately.

_____ I certify the vehicle subject of this application for reduction of the tax ration meets the IRS definition as a "qualified home" having sleeping, cooking, and toilet facilities.

*******!!!! READ THE BELOW STATEMENT CAREFULLY BEFORE SIGNING THIS DOCUMENT !!!!!*******

I hereby certify that the information provided, regarding the personal property subject of this application is correct. I understand that under applicable state law, incorrect or false information given may result in civil liability and or civil or criminal penalties, SC Code of Laws Ann. § 12-37-750 (2000), § 12-37-780 (2000), § 12-37-800 (2000).

Signature Date Signature Date