

JACKSON COUNTY
EXTENSION REQUEST FORM

**Please note: A form must be completed for each account. **

DATE: _____

NAME: _____

D/B/A: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

ACCOUNT# _____

REASON FOR REQUEST: _____

DATE TO WHICH YOU ARE REQUESTING EXTENSION (in accordance with G.S. 105-307(c) the maximum allowable extension is April 15th of each year): _____

SIGNATURE: _____

For Office Use Only:

Approved _____

Denied _____

BY: _____

DATE: _____