



**Jackson County Tax Administration
Billing of Deferred Taxes
Roll Back Request Form**

Requested by:

Owner/Taxpayer

Attorney/Paralegal

Other (explain) _____

Name of Requestor _____
(please print)

Date of Request _____

Current Parcel Number _____

Current Owner Account Number _____

Acreage Amount involved with Roll Back _____

If this Roll Back Request is due to an ownership change, please list the projected closing date of this transaction.

- Roll Backs will be processed no more than 48 hours prior to the above projected closing date.*
- Roll Backs that are calculated on or between January 1st and January 5th of any given tax year will have no applicable interest applied. Roll Backs calculated on any other given dates during the tax year will have interest applied.*

Official Use Only

Date Received _____

Received By _____

Completed By _____

Date/Time Completed _____

Levy Amount _____ Interest Amount _____

Tax Collector Acknowledgement _____