

## REQUEST FOR NEW TMS NUMBER

You may submit this form via email to LGrooms@DorchesterCountySC.gov or you may print the form and mail or deliver it to the Dorchester County Assessor's Office.

We will send new TMS number(s) via email or mail only.

Date of Request:			
Person making	this request		
Name:			
Company:			
Address:			
Email:			
Phone:			
Connection with	property:		
Owner	Attorney	Realtor	Other:
Plat/Property I	nformation		
Parent TMS num	oer(s):		
Plat Book:	Plat Page: _	Reco	ording Date:
Owners Name on	Plat:		
New T	'MS number(s) sho	uld be issued wi	thin one week of request.