2025 COUNTY TAX OFFICIALS CERTIFICATION	COUNTY NAME		Please duplicate additional sheets as needed					
	ard of Tax Assessors			County Board of Commissioners				
Chairman:	Diana Murray			Horace Melvin Daniel, Jr.				
County Office Mailing Address - Line 1:	P.O. Box 308			P.O. Box 271				
County Office Mailing Address - Line 2: 121 Jones St								
City, State, Zip:	andersville, GA 31082			Sandersville, GA 31082				
County Office Phone Number:	478-552-2937			478-552-2325				
FAX Number:		478-640-9962			478-552-7424			
Email Address for Official Communications:	washingtoncountyga.gov			boc@washingtoncountyga.gov				
BOARD OF TAX ASSESSORS MEMBERS AS OF DATE OF COMPLETION OF FORM In the spaces below, please complete the requested information for each member of the BOARD OF								
ASSESSORS. If a vacancy exists, mark in the name section "VACANT" and provide the anticipated date an appointment is expected to be made to fill the vacancy.								
NAME		ORIGINAL DATE	TERM LENGTH		EXPIRATION DATE		Signature of person completing form	
		OF APPOINTMENT	3, 4, 5 OR	6 YEARS?	OF CURREN	T TERM		
Chairman: Diana Murray		1/1/2025		3	12/31/20)27	Name: Kathy M. Reynolds	
Member: Martha Armstrong		1/1/2025		3	12/31/2027		12.0	1
Member: Charles Haynes		4/10/2024		3	4/10/20	4/10/2027 Signature: DATE: 8		1. Keynolds
Member:								
Member:							DATE: 8	DLQ 5
Certification of 2025 Parcel Count: Total Taxable Real 12526								
dertification of 2023 Farcer doubt.	Total Exempt Real							
	Total Exempt Real			l.				
SUPPORT STAFF AS OF DATE OF COMPLETION OF FORM In the spaces below, please complete the requested information for each SUPPORT STAFF position. If a position is								
currently vacant, mark in the name section "VACANT" and provide the anticipated date the vacancy is expected to be filled. Please complete the brief description of duties section.								
NAME		POSITION	DATE		BRIEF DESCRIPTION			
		HELD	EMPLOYED		OF DUTIES			
Britney Moye		Clerk I	7/10/2023		Data Entry,	Clerica	al, Permits	
APPRAISAL STAFF AS OF DATE OF COMPLETION OF FORM In the spaces below, please complete the requested information for each APPRAISER on staff. If a position is currently vacant,								
mark in the name section "VACANT" and provide the ant	icipated date the vacancy is ex		ase duplicate					
APPRAISER'S		APPRAISER LEVEL		HIGHEST	DATE	(GCA	SUPERVISORY	NUMBER
NAME		I, II, III, IV			EMPLOYED	CAE)	DUTIES?	SUPERVISED
Chief Appraiser: Kathryn M. Reynolds		III		BA-ME	3/19/2007		yes	3
Appraiser: Audrey Lanthrip		I		BS	7/1/2019		no	
Appraiser: Anna Kathryn Hodges		1		HS Diploma	11/12/2024		no	
Appraiser:								
Appraiser:								
Appraiser:								
Appraiser:								
Appraiser:								
Appraiser:								
Appraiser:		1		1			1	