



NORMAN A. CANNADY, JR.
TAX ASSESSOR
MADISON COUNTY

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CANTON, MS 39046 -0292
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NICOLE FLANAGAN, CHIEF DEPUTY

MADISON ANNEX
171 COBBLESTONE DR.
MADISON, MS 39110 -9197
MADISON: (601) 856 -1796
FAX: (601) 856 -1855
WWW.MADISON -CO.COM

February 11, 2026

To: Madison County Board of Supervisors
Greg Higginbotham, Madison County Administrator
Na'Son White, Comptroller

From: Norman A. Cannady Jr., Tax Assessor

A handwritten signature in black ink, reading "Norman A. Cannady Jr.".

Re: Request for payment for the Certified Appraisers' School Challenge Exam

Daniel David Smith will be taking the Certified Appraisers' School Challenge Exam in Starkville, MS, on March 23, 2026.

Please issue the following checks to cover the cost of the exam and accommodation:

\$50.00 made payable to:
Extension Center for Governmental and Community Development
Box 9643
Mississippi State, MS 39762

\$157.00 made payable to:
La Quinta Inn & Suites by Wyndham
Starkville at MSU
982 Highway 12 East
Starkville, MS 39759

A copy of the exam invoice and hotel reservation are attached for reference. Please include a tax-exempt letter with hotel payment.

**Extension Center for Governmental &
Community Development**

INVOICE

Mississippi State University Extension Service
Phone:(662)325-3141; Fax (662)325-8954
Box 9643; Mississippi State, MS 39762



**MISSISSIPPI STATE UNIVERSITY™
EXTENSION**

Center for Government & Community Development

TO:
Daniel Smith
Madison County

DESCRIPTION	AMOUNT
2024 CAS Challenge Exam Certified Appraisers' Challenge Exam \$50.00	
TOTAL	Certified Appraisers' Challenge Exam \$50.00

Please include invoice with payment.

Make all checks payable to

Extension Center for Governmental & Community Development

Box 9643

Mississippi State, MS 39762

If you have any questions concerning this invoice, contact Jason Camp 662-325-3141 or
Jason.Camp@msstate.edu



La Quinta Inn & Suites by Wyndham Starkville a

982 Hwy. 12 East
Starkville
Mississippi, 39759 United States
Phone: 1-662-2704100

Folio 1

Email: lq6560gm@laquinta.com

Name: Smith, Daniel

Confirmation Number:

89260EE069543

Phone #:

Email: daniel.smith@madison-co.com

Loyalty Level: N/A

Guest

Company

Guests: 1/0

Address:

Address:

Nights: 1

Room: N/A

Room Type: NK2

GTD: CA

Rate Plan: RROD

Daily Rate: USD 157.00

Arrival: Mar 22, 2026 (Sun)

Departure: Mar 23, 2026 (Mon)

Room Rate:

Mar 22, 2026 (Sun)

USD 157.00 per night

Total Estimated Stay Amount: USD 172.70

Date	Code	Description	Amount	Balance
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Summary

Room	Taxes and Fees	F&B	Other	Payments	Balance Due
USD 0.00	USD 0.00	USD 0.00	USD 0.00	USD 0.00	USD 0.00

Guest Signature: _____

By signing above, I agree to these terms and conditions

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

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