



Denise Mastroserio
Tax Commissioner

Appeal of Motor Vehicle Assessment for Title Ad Valorem Tax

Name:	<input type="text"/>	Phone Number:	<input type="text"/>
VIN Number:	<input type="text"/>	Model:	<input type="text"/>
Year:	<input type="text"/>	Tag Number:	<input type="text"/>
Make:	<input type="text"/>	Date of Sale:	<input type="text"/>

**** Please note appeals must be received within 75 days of your purchase date. ****

Customer Purchase Price

\$

State Assessment Value

\$

Supporting Documentation or Evidence

Select item(s) and Attach Copies

☐ Bill of Sale

☐ Photographs

☐ Used Car Market Guide:

☐ Other:

Reason(s) for Appeal (Fully describe basis of appeal)

Signature:

Date:

Assignment of Refund (if applicable)

I hereby grant and assign my rights to any title ad valorem tax fee refund issued pursuant to this appeal to the filing dealer.

By signing below I agree that I will have no claim to the moneys, if any, refunded as a result of a finding of a reduced appeal value. By signing below

I acknowledge that the refund, if any, issued pursuant to this appeal will be issued directly to and in the name of

and will be mailed to the following address:

Signature of Assignor:

County Tag Office Only (Print clearly and legibly)

Date Received:

Received By:

Final Value: