



Dana McKinzie  
Tax Commissioner

Appeal of Motor Vehicle Assessment for Title Ad Valorem Tax

Name:  Phone Number:

VIN Number:  Model:

Year:  Tag Number:

Make:  Date of Sale:

**\*\* 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: