

APPEAL OF MOTOR VEHICLE ASSESSMENT FOR DIGEST YEAR : \_\_\_\_\_

I hereby appeal the valuation of my motor vehicle to the \_\_\_\_\_ County Board of Assessors pursuant to O.C.G.A. 48-5-311.

Appeal No: \_\_\_\_\_

Name				Home Phone	
Address				Work Phone	
Address				Email Address	
City		State		Zip	

Property / Appeal Type (Check One)

☐ Motor Vehicle - Ad Valorem☐ Motor Vehicle - Title Tax

Vehicle ID Number			Tag Number	
Year / Make / Model				

Specify Grounds for Appeal:

Grounds for Appeal

Value

☐ BOE:appeal to the county board of equalization with appeal to the superior court (any / all grounds)  
☐ \* ARBITRATION: to arbitration without an appeal to the superior court (valuation is only grounds that may be appealed to arbitration)  
\* Additional Cost / Fees May apply

Property Owner Comments

Signature of Property Owner or Agent

Owner / Agent Declared Value

NOTE: If the appeal form is signed by an agent, a letter of authorization must accompany the filing of the appeal.

Agent's Address:

Agent's Phone #

Agent's Email Address:

NOTE:

Filing of this document will create a review of the fair market value of the vehicle being appealed. Reasonable notice is herein provided that an onsite inspection of the subject property by a member of the county appraisal staff may be performed.

Assessors		Taxpayer's Appealed Value	TAO Final Value	
Use	100%			
Only	40%			

Date Received:

Received By: